

## DESIGN ASSISTANCE APPLICATION

*The following to be completed by Program Manager with Participant:*

Date of Submittal:

Address of Building or Site:

Building and/or Business Name:

Community Point of Contact  
Name and Phone Number:

### Participant Information:

Name: Owner      Tenant      Both

Email Address: Phone Number:

### Project Description:

Please choose from the options below and/or briefly tell us about your project and what you would like to see done

Color Changes (Paint, Awnings, Etc.)

Site (Parking Lot, Landscape, Etc.)

Repair Issues

Complete Facade Reconstruction

Signage

When do you want to start work on your project?

Virginia Main Street Program

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What is your total budget, if known?

Less than \$2,500

\$2,501 - \$10,000

\$10,001 - \$30,000

Whatever it takes

Have you applied for and received financial assistance for your project?

Yes

No

If yes, is there a deadline for using these funds?

Yes

No

If yes, what is the deadline?

Is this a Historic Tax Credit Project?

Yes

No

Would like more information

**Additional Information:**

1. Please provide photographs of your project that show a full general view and any pertinent close-up details
2. Please include any relevant graphics, such as logos or color preferences
3. Please provide any additional written information here