

Submit Grant Application to:
Houma Restoration District
e-Mail scorbitt@explorehouma.com

Grant # 2025- _____
(HRD use only)

Houma Restoration District FAÇADE GRANT

Grant Activity Period:

January 1, 2025 to December 31, 2025

Amount Requested (Maximum of 25,000.00)

\$

Project Title:

Project Start and
Completion Date:

Project Location:

Project Description (a sentence that summarizes the scope of the project that will utilize grant funds, including the repairs and/or improvements being made impact on tourism and revitalization of the area):

Organization Name:

Mailing Address:

City:

State:

LOUISIANA

Zip:

Parish:

TERREBONNE

Phone:

Fax:

Website:

Email:

Primary Contact & Title:

Phone:

Email:

Federal Employer Tax ID# (REQUIRED):

Narrative Questions

- A.** Describe the purpose, goals, and structure of the applying organization as well as its mission statement. How does the organization's mission statement align with the mission of the Houma Restoration District?

- B.** Include a list of current organization officers and their positions, occupations, and contact information.

C. Is this a first-time project? If not, provide dates and location of previous experience in similar projects.

D. Describe how the proposed project will provide for the restoration and preservation of the character of the area within the district.

E. Describe how the proposed façade repairs and/or improvements provides value to the district.

F. Describe how the proposed façade repairs and/or improvements will encourage economic development within the district.

[Empty response box for question F]

G. If the repairs and/or improvements are not fully funded by the Houma Restoration District Façade Grant, will the repairs and/or improvements still be constructed? How might it be modified?

[Empty response box for question G]

Project Budget and Directions

Directions for Completing the Project Budget:

- Round all dollar amounts to the nearest \$1.
- Include **ALL CASH** Revenue and Expenses for the grant as it pertains to the project.
- All in-kind or donated services or revenue should be included under In-Kind Support and not in the Cash Budget.
- List the source of revenue where indicated.
- All columns and rows should total correctly.
- The Grant Request must equal the amount requested on the first page.
- **The applicant must provide funds for the project not funded by the HRD.**
- **The applicant must provide funds for, and cause, the maintenance of the facade for five years after construction.**
- You may also attach a more detailed budget, although it does not substitute for the information on the Project Budget. This information will be forwarded to the panel with the application budget.
- All HRD funds must be matched by applicant.
 - Applicant must provide documentation to show expenses on the project.

ANNUAL O&M BUDGET FOLLOWING CONSTRUCTION FUNDED BY APPLICANT ONLY

REVENUE

Applicant Cash
 Corporate/Foundation Support: *List Source*
 Federal and State Support/Grants: *List Source*
 Regional and Local Support/Grants: *List Source*
 Other Sources: *List Source*
 List Source

CASH

Total Revenue

OPERATION AND MAINTENANCE

CASH

Taxes
 Staffing
 Administrative
 Licenses
 Advertising
 Websites
 Maintenance
 Material
 Other – please list:

Total Expenses

In-Kind Support for Proposed O&M. In the space below, list the budget category or source of the donation/contribution, the type of donation/contribution and the value of the in-kind donations or volunteer support. You may continue with an additional sheet of paper if necessary. The national value for one volunteer hour is \$23.56.

For example: Source: ABC Printing, Inc. Marketing: Flyers and Street Banners. Cash Equivalent: \$575.00. The ABC Printing company is donating the materials for flyers that will be used in a mailing and street banners that will hang above main street the day of the event.

Source (List Budget Category or Company)	Contribution (Item or Hours)	Cash Equivalent
TOTAL IN-KIND SUPPORT:		\$

ACKNOWLEDGEMENT AND CERTIFICATION

(check or initial each box)

- Completed and signed W-9 tax form
- Completed application including the budget section and required documents.
- Signed letters of commitment from funding sources specifying the dollar amount committed to the project.
- I understand that I must include an acknowledgement to the Houma Restoration District at some physical location on the project, and in all media, material, and websites associated with this project. The message and requirements for its use and display will be provided by the Houma Restoration District.
- Signed Resolution of Authority Letter, indicating that the signatory is authorized to enter into a cooperative agreement with the Houma Restoration District.
- Received and reviewed all guidelines for the program and agreed to be bound by those guidelines.

Signatures

We certify that the information in this application, including all attachments and supporting materials, is true and correct to the best of our knowledge. It is also agreed that the applicant organization has read and understands the conditions and requirements stated in the grant guidelines.

All signatures must be original.

Authorizing Official

Signature _____	Date _____
Typed Name _____	Title _____
Phone (day) _____	Phone (other) _____

Project Director

Signature _____	Date _____
Typed Name _____	Title _____
Phone (day) _____	Phone (other) _____

APPLICATION DEADLINE:

DECEMBER 31, 2025 OR UNTIL FUNDING IS EXHAUSTED, WHICHEVER OCCURS FIRST.