



# Brunswick Main Street Façade Improvement Grant Application

**DUE DATE: July 10, 2026 by 4:30pm**

## Application Checklist

Your completed application packet must include the following:

- The completed application form with all appropriate information and signatures.
- Minimum of two photographs (in color) that show existing building conditions.
- Detailed drawings of the proposed improvements (placement, color, dimensions and materials)
- Minimum of two contractors bids on contractor letterhead with the contractor's license number detailing the proposed work and costs.
- Funding request is at least \$5,000.00.
- Non-refundable \$35 application fee attached payable to Brunswick Main Street, Inc. (this fee is waived for Brunswick Main Street Partner Businesses).

## General Conditions (please initial)

\_\_\_\_ It is expressly understood and agreed that the applicant shall be solely responsible for all safety conditions and compliance with all safety regulations, building codes, ordinances, and other applicable regulations.

\_\_\_\_ It is expressly understood and agreed that work started prior to final approval from DHCD is ineligible for funding.

\_\_\_\_ It is expressly understood and agreed that projects must have pre-approval from the City of Brunswick Planning & Zoning department. Please reach out to Bruce Dell, [planner@brunswickmd.gov](mailto:planner@brunswickmd.gov) or call (301) 834-7500. **The deadline to have your project reviewed by DPZ is July 7, 2026.**

\_\_\_\_ It is expressly understood and agreed that the applicant will not seek to hold Brunswick Main Street, Inc., and/or its agents, employees, officers and/or directors liable for property damage, personal injury, or other loss relating in any way to the Maryland Façade Improvement Program.

\_\_\_\_ The applicant shall be responsible for maintaining valid and sufficient insurance coverage for property damage and personal injury liability relating to the Maryland Façade Improvement Program.

\_\_\_\_ The applicant agrees to maintain the property and improvements, including, but not limited to, promptly removing graffiti and trash and regular sweeping and snow shoveling in front of the property.

\_\_\_\_ The applicant agrees to return a pro-rated amount of the grant money received if the improvements are removed within five (5) years of completion of the improvement.

\_\_\_\_ The applicant authorizes Brunswick Main Street, Inc. to promote an approved project, including but not limited to displaying a sign at the site, during and after construction, and using photographs and descriptions of the project in Main Street's materials and press releases.

\_\_\_\_ The applicant has read and understands the [Brunswick Main Street Façade Improvement Grant Instructions](#) document outlining program guidelines and procedures.



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\_\_\_\_ The applicant understands that Brunswick Main Street, Inc. reserves the right to make changes in conditions of the Façade Improvement Grant Program as warranted.

## General Information

Name: \_\_\_\_\_

Address of Building where funds are needed:

\_\_\_\_\_  
\_\_\_\_\_

Are you in the Main Street District?  Yes  No

Are you a Brunswick Main Street Business Partner?  Yes  No

Year the property was built: \_\_\_\_\_

Describe the project improvements you wish to make. Include additional pages if more space is needed.

What will be the major impacts to the usability and appearance of this property if these improvements are made? (See Rubric)



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Have you overseen renovations previously (on this or any other property)? If yes, describe.

Are you financially able to support your project upfront?  Yes  No

Can you still complete your project if not awarded the full amount?  Yes  No  
If yes, please describe what could be accomplished.

What is the life expectancy of the project's outcome? \_\_\_\_\_

Do you own this property?  Yes  No

Do you lease this property?  Yes  No

*If you have a lease on this property, have property owner sign here:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Brunswick Main Street Façade Improvement Grant Application

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Do you have 2 contractors' estimates?  Yes  No

Please attach each estimate on the Contractor's letterhead showing the Contractor's license number. Indicate the contractor you intend to use.

Project Details	Contractor 1 - Estimate	Contractor 2 - Estimate

### Project Budget

Project Costs	\$USD
Amount Requested (cannot be a range)	
Applicant Contribution	
<b>TOTAL PROJECT COST</b>	

**All required documents must be delivered to the above address by 4:30 p.m. on July 10, 2026 the application will not be considered for this program.**

*Mail or hand deliver your application to Alyssa Theodore, Brunswick Main Street, % City Hall at 1 West Potomac Street, Brunswick, MD 21716 or place it in the drop box at the corner of Potomac Street and Maple Ave.*

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_