



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 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



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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 | |
| TOTAL PROJECT COST | |

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 Director of Planning: _____

Printed Name: _____

Date: _____

Signature of Applicant: _____

Printed Name: _____

Date: _____