

**Downtown Charm Grant Program - Grant Application  
Downtown Calais, ME**

**Due June 15th, 2026**

**I. DCGP Application**

<b>DCGP Grant Application</b>		
<b>1. Name of Applicant / Grantee:</b>		
<b>2. Please check one:</b>	Landlord ( )	Tenant ( )
<b>3. Have you or any prior business you have owned, ever received a revolving loan from the City of Calais?</b>	Yes	No
<b>4. Have you received prior local, state, federal, and/ or private sector grant funding for your building (e.g. Community Dev. Block Grant)?</b>	Yes, Grant Name(s) & Year(s)	No
<b>5. Have you previously applied to DCGP?</b>	Yes	No
<b>5a. If yes, were you awarded funding?</b>	Yes	No
<b>5b. If awarded funding, did you complete the project as described in your application?</b>	Yes	No
<b>6. Business Name, if applicable:</b>		
<b>7. Number of Employees, if applicable:</b>		
<b>8. Property Address:</b>		
<b>9. Is your property on the National Historical Registry?</b>	Yes, Reference Number:	No
<b>10. Is your building vacant? (Y/N) If so, how will this grant facilitate business recruitment?</b>		
<b>11. Mailing Address (if different from above):</b>		
<b>12. Contact Information:</b>	Phone	
<b>13. Contact Information:</b>	Email	
<b>14. Grant Request Amount:</b>	\$	

**15. Planned Improvements** (Please check all that apply.)

***(1) High Program Priority***

<input type="checkbox"/> Awning	<input type="checkbox"/> Cleaning &/or repointing of surface brick or stone
<input type="checkbox"/> Signage	<input type="checkbox"/> Re-painting of brick, stone, or cement
<input type="checkbox"/> Storefront Improvements	<input type="checkbox"/> Removing paint from brick or stone
<input type="checkbox"/> Restoration of historical/original windows, doors, &/or trim where possible	<input type="checkbox"/> Removal of “modernization efforts” &/or inappropriate non-historical alterations/additions
<input type="checkbox"/> Repair or replacement of windows, doors, &/or trim	<input type="checkbox"/> Cleaning &/or painting of exterior surfaces
<input type="checkbox"/> Exterior lighting	<input type="checkbox"/> Mural &/or Art & Design Elements
<input type="checkbox"/> Outdoor Seating (e.g. bench)	<input type="checkbox"/> Streetscaping improvements (e.g. designated crosswalks)

***(2) Low Program Priority Activities***

<input type="checkbox"/> Cleaning and repair or installation of approved siding	<input type="checkbox"/> Cleaning &/or painting of interior surfaces
<input type="checkbox"/> Security Cameras	<input type="checkbox"/> Roofing visible from street-level
<input type="checkbox"/> Interior lighting	<input type="checkbox"/> Screening for trash receptacles
<input type="checkbox"/> Removal or repair of fire escapes	

**16. Please provide a brief written description of each proposed activity.**

*For example: (1) Painting – Paint entire street façade with 3 colors, a base wall color, a trim color and an accent color. (2) Sign – Remove existing internally illuminated sign and replace with a new projecting externally illuminated sign. (3) Install a new awning at main entry.*

**\*additional space provided on next page\***

**17. To complement the written description, please attach a photo(s) and/or design sketch(es) to help the Committee understand where each proposed activity will take place and/or what it might look like. A completed design is not necessary.**

**18. Please describe the estimated project timeline for project completion as well as the long-term maintenance plan that will be in place to protect the façade improvements.**

<p><b>Start Date:</b> <b>End Date:</b> <b>Timeline description:</b></p>  <p><b>Long-term maintenance plan:</b></p>
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**19. Which fund are you applying for? (check all that apply)**

- Small Projects Grants (up to \$2,500)
- Façade Improvement Grant (up to \$10,000)
- Special Projects & Building Improvement (Capped at \$15,000)

**20. Estimated Cost\* of Improvements:** \_\_\_\_\_

*\*Using the attached Budget Form. A formal bid is not required at this stage.*

**21. Total Project Amount:** \_\_\_\_\_

## 22. Applicant's Signature

I have read and understand the attached guidelines. I understand that this is a matching grant program, and that money is granted on a reimbursement basis, following completion of work. I also understand that improvements not formally approved by the Façade & Building Improvement Advisory Committee will not be funded.

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Applicant's Signature

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Date

## 23. Landlord's Acknowledgement (if Applicant is a Tenant)

I am the landlord of the above address, I have been informed of the Applicant's intention to perform the improvements described in the attached documentation, and I hereby approve the proposed improvements.

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Landlord's Signature

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Date

## 24. Landlord's Contact Information

Landlord's Full Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Email: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

## **II. Applicant Agreement and Disclosure Statement:**

By signing and submitting this application, the applicant hereby agrees to the following:

1. The information submitted herein is true and accurate to the best of my (our) knowledge. I understand that this information is being submitted to the DCGP Committee so that they can decide to make a grant and that the DCGP Committee is relying on this information. I give permission to DCGP to research the building's history, research the applicant's history, contact respective financial institutions, and perform other related activities necessary for the reasonable evaluation of this proposal.

2. I give permission to DCGP to utilize project illustrations and images for the purposes of marketing and/or branding.

3. I (we) have read, understand, and agree to comply with the requirements and conditions of City of Calais's Downtown Charm Grant Program and hereby agree to comply with the DCGP Program Guidance document.

4. I have not paid anyone employed by the City of Calais or DCGP Committee Members to help in obtaining this grant.

5. I acknowledge that any work commenced before grant approval by the DCGP Committee, and a signed grant agreement is an unallowable expense and will not be reimbursed by DCGP. I understand that this is a matching grant program, and that money is granted on a reimbursement basis, following completion of work. I also understand that improvements not formally approved by DCGP will not be funded.

6. I understand that the project must be completed as agreed by that is set by the DCGP committee, or as extended in writing as necessitated by extenuating conditions. Approved projects within the category of "Special Projects & Building Improvement" may be eligible for an extended timeline as determined in consultation with the DCGP Committee.

7. I agree and acknowledge that: (a) the acceptance of this application does not commit DCGP to enter into an agreement, to pay any costs incurred in its preparation to participate in subsequent negotiations, or to contract for the project; (b) the acceptance of this application does not constitute an agreement by DCGP that any contract will be entered into by DCGP or that any application shall be granted; (c) DCGP expressly reserves the right, in its sole discretion and for any reason, to reject any or all applications (whether or not an application meets the guidelines, criteria, or other grant requirements) or to request more information from the applicant; (d) all decisions of DCGP, including whether to accept or reject an application, are final, non-reviewable and non-appealable, and the undersigned applicant waives any and all claims, including without limitation, claims for damage or loss, against DCGP, its agents, employees, officers, or others acting on its behalf in connection with this grant program, arising out of or related to the grant process, including without limitation, any claims that a rejected application should have been granted.

8. Should assistance be provided, I agree:

- a. To comply with all applicable provisions of federal statutes and regulations concerning equal employment opportunities for persons engaged in rehabilitation work undertaken in connection with program assistance.
- b. To keep such records as may be required by DCGP in connection with the work to be assisted.

c. To not discriminate upon the basis of race, color, sex, sexual orientation, marital status, disability, religion or national origin in the sale, lease, rental, use or occupancy of the property to be assisted.

d. To allow no member of the governing body of DCGP to have any interest, direct or indirect, in the proceeds of any loan or in any way contract entered into by the borrower for the performance of work financed, in whole or in part, with the proceeds of the loan.

e. That NO financial assistance will be provided if the project involves the permanent and involuntary displacement of tenants unless the applicant agrees to provide financial assistance to the tenants at levels consistent with the Federal Relocation and Real Property Acquisition Act, as amended. Such assistance granted will not, however, be counted in the private match requirement.

9. Upon conclusion of the facade improvements, I agree to maintain the completed project. I understand there will be no alterations of the completed work without approval from DCGP.

10. I certify that there are no liens other than mortgages against this applicant's property and that all payments to municipal, state, and federal governments are current.

11. The word "I" shall refer to the undersigned applicant, and shall include any corporate or entity applicant.

A. Printed Property Owner Name\*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Owner as determined by the City of Calais Tax Assessor's Office

B. Printed Business Owner/Tenant

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Owner/Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business License #: \_\_\_\_\_

C. If applicant is a Corporation, sign below:

\_\_\_\_\_  
Corporate Name and Seal \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications can be dropped off, mailed or emailed to Code Enforcement Officer, Andrea Walton at the Calais City Building.**

**Additional Contact Information:**

City of Calais  
11 Church Street  
PO Box 413  
Calais, ME 04901

Email: [assessor@calaismaine.org](mailto:assessor@calaismaine.org)

Phone: 207-454-2521 x1006

1. Small Projects Grant applications are due by 5 pm on June 15th, 2026. Notice of award will be June 29th, 2026.
2. Façade Improvement Grant applications are due by 5 pm on June 15th, 2026. Notice of award will be June 29th, 2026.
3. Special Projects & Building Improvement Grant applications are due by 5 pm on June 15th, 2026. Notice of award will be June 29th, 2026.

**DOWNTOWN CHARM GRANT PROGRAM  
PROJECT BUDGET FORM**

<b>DCGP Project Budget – please submit with application form.</b>			
<b>DESCRIPTION OF IMPROVEMENTS (Please break down by activity, such as painting, sign, awning, etc.)</b>	<b>Grantee Amount</b>	<b>DCGP Amount</b>	<b>TOTAL COST</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
<b>TOTAL</b>			
<b>Total Project Cost</b>			