

Due May 29, 2026

Hard Copies to:
Downtown Kirkwood SBD
130 E. Jefferson Ave.
St. Louis, MO 63122



FAÇADE IMPROVEMENT PROGRAM GRANT APPLICATION

Date: _____
Business Name: _____
Business Contact: _____
Address: _____
Phone/Email: _____

Grant Amount Requested (50% of total cost up to \$5,000): _____
Proposed Project Address: _____
Do you own, rent or lease the project property? _____

Please Describe the Proposed Project:

How will this Improvement benefit Downtown Kirkwood?

What is your time frame for completion?

If Property Owner is not Grant Applicant, please supply:

Property Owner Name: _____
Property Owner Mailing Address: _____
Property Owner Phone: _____

Applicant's Signature _____ Date

Please Attach:

Description of Project
Projected Cost Summary
Rendering of Façade Improvement (if required)
Copies of (at least 2) bids for project

For Office Use Only

Date Application Received: _____ Date Reviewed: _____
Amount Approved: _____ Required Project Completion Date: _____