



**EL PASO DOWNTOWN MANAGEMENT DISTRICT (DMD)
MURAL GRANT PROGRAM APPLICATION**

**201 E. Main Dr., Suite 107
El Paso, TX 79901
915-400-2295**

I. APPLICANT / AGREEMENT PARTICIPANT: _____
(responsible for payment of all project / improvement costs)

II. CONTACT INFORMATION

PROPERTY OWNER(S): _____
ADDRESS: _____ ZIP CODE: _____ PHONE: _____
E-MAIL ADDRESS: _____ FAX: _____
REPRESENTATIVE(S)/TENANT(S): _____
ADDRESS: _____ ZIP CODE: _____ PHONE: _____
E-MAIL ADDRESS: _____ FAX: _____
PREVIOUSLY APPROVED TO RECEIVE GRANT PROGRAM FUNDS: YES ___ NO ___
IF YES, WAS PROJECT COMPLETED IN ACCORDANCE WITH THE GRANT AGREEMENT: YES ___ NO ___

III. PROJECT INFORMATION

A. PROPERTY ADDRESS: _____
LEGAL DESCRIPTION: _____
REAL PROPERTY TAXACCOUNT No.: _____
CURRENT PROPERTY VALUATION: _____
PRESENT USE: _____ PROPOSED USE: _____
B. TOTAL SQUARE FOOTAGE: _____
BREAKDOWN SQUARE FOOTAGE BY PROPOSED USE (ie: residential, retail, office, etc.): _____
* ESTIMATED CONSTRUCTION START DATE: _____
C. ESTIMATED TOTAL PROJECT / IMPROVEMENT COST (Exhibit A2): _____

PREVIOUS TAX RELIEF GRANTED TO ANY PORTION OF THIS PROPERTY? (If so, describe the type and duration): _____

* Applications with estimated construction start dates of more than 120 days beyond date of submission may be required to be resubmitted at a later date.

* The El Paso Downtown Management District is a governmental organization, subject to all applicable laws including the Texas Public Information Act. As such, any information contained in this application process may be available to the public upon request and used by the DMD to promote the program and Downtown El Paso.

See Page 2 for Required Documentation to Include with Application



REQUIRED DOCUMENTATION FOR APPLICATION *(Documentation submission is preferred in electronic file format.)*

- APPLICATION FOR MURAL GRANT PROGRAM** - Each item that is included with and is a part of this application shall be complete. All required documentation must be submitted *before* this application is accepted for review processing. Submittal of an application does not constitute acceptance for review processing until the El Paso Downtown Management District (DMD) has determined that the application is accurate and complete.
- HISTORICALLY DESIGNATED PROPERTIES** - If applicable, signed approval certification documentation from the City of El Paso Historic Preservation office.
- PROPERTIES LOCATED WITHIN THE UNION PLAZA DISTRICT** - If applicable, documentation indicating design guideline conformity / approval.
- CONCEPTUAL RENDERING OR CONSTRUCTION DRAWING** - **Exhibit A1** - One (1) *color* rendering depicting entire project scope.
- ARTIST(S) RESUME AND PORTFOLIO**
- CERTIFIED CITY TAX CERTIFICATE** - Certified City tax certificates indicating no delinquent balance exists on the property's tax account. City tax certificates may be obtained at the City Tax Assessor/Collector Office, Wells Fargo Plaza, 221 N. Kansas, Suite 300, El Paso, Texas. Note: For property owners with property tax exemption status, provide tax exemption certificate and/or documentation.
- COST ESTIMATES OF PROPOSED PROJECT** - **Exhibit A2** – List each item of work, its detailed description and cost. Separate and provide breakdown of item costs and total for project / improvement work.
- PROOF OF OWNERSHIP** - One (1) copy of a certificate from a title company, warranty deed, or other legal document demonstrating that the individual (s) or entity listed on application is the current property owner.
- PHOTOGRAPHS** - Color photographs showing current conditions of the site and structures relating to the project / improvement work area.

****OFFICE USE ONLY****

APP NO. _____ RECEIVED DATE: ___/___/___ ACCEPTED BY: _____

REVIEW COMMITTEE DATE: ___/___/___ ACTION: _____

REVIEW COMMITTEE DATE: ___/___/___ ACTION: _____

REQUIRED DOCUMENTATION CHECKLIST COMPLETE: YES ___ NO ___

IV. SIGNATURE CERTIFICATION of INFORMATION

1. OWNER(S) OF RECORD FOR THE ABOVE DESCRIBED PARCEL – Owner agrees and consents to the Project described on this Application and confirms the Applicant’s eligibility as it conforms to The Program Guidelines:

Printed Name: _____

Signature: _____

The State of Texas
County of _____

Before me, a Notary Public, on this day personally appeared _____, known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20____.

Notary Public, State of Texas

2. REPRESENTATIVE / TENANT FOR THE ABOVE DESCRIBED PARCEL:

Printed Name: _____

Signature: _____

The State of Texas
County of _____

Before me, a Notary Public, on this day personally appeared _____, known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20____.

Notary Public, State of Texas

- Note:**
- ***Signatures are required for all owners of record for the property proposed for improvements. Attach additional signatures on a separate sheet of paper.***
 - **All signatures require notary certification.**