



102 S. Holden
Warrensburg, MO 64093
660-747-9135

Window Replacement Grant Program Application

Type of Applicant: Building Owner Tenant

Applicant Name: _____ Date: _____

Mailing Address: _____ City: _____ Zip: _____

Applicant Phone #: _____ Applicant email: _____

Name of Business: _____

Address where work will be performed: _____

Age of building where work will be performed: _____

Building owner's name: _____

Building owner's phone #: _____

Proposed start date: _____ Expected completion date: _____

Type of Work Proposed: *(please check all that apply)*

- Replacing Window
- Repairing Window
- Incidental carpentry/framing/masonry work necessary to repair/replace window

PROJECT DESCRIPTION

Write a description of the work to be completed including location on the building, type of work, materials, method of repair, etc. Please include enough information for the grant committee to understand the full scope of the project.

Submit completed form and attachments to the City of Warrensburg, Community Development Department, 102 S. Holden St, Warrensburg, MO 64093 Phone: 660-747-9135

BUDGET

Complete and submit the attached budget worksheet with the grant application. Attach any bids or estimates received by the contractor.

Total cost of proposed grant project: \$ _____

Amount of Grant funds being requested: \$ _____

Amount of Matching funds being committed: \$ _____

BUILDING PERMIT

If your project requires a Building Permit please apply for the permit directly with the City by contacting the Permit Clerk at 660-747-9135 or online at <https://warrensburgmo-energovpub.tylerhost.net/Apps/selfservice#/home>. The Notice to Proceed for a Window Replacement Grant will not be issued until the Building Permit is ready to be issued or has been issued. The building permit fee for a permit issued for the scope of work covered by a Window Replacement Grant will be waived.

All contractors performing work associated with a Window Replacement Grant must have a current, active Business License with the City of Warrensburg. Business Licenses may obtained from the City Collector at City Hall by calling 660-747-9131 or online at www.warrensburg-mo.com/186/Business-Licenses:

General Contractor Name: _____

Mailing Address: _____ City: _____ Zip: _____

Contact Phone #: _____ Business License #: _____

Subcontractors:	Name	Phone #	Warrensburg Business License		
Window Installer:	_____	_____	Yes	No	In process
Carpenter/Framer:	_____	_____	Yes	No	In process
Masonry:	_____	_____	Yes	No	In process
Other:	_____	_____	Yes	No	In process

APPLICATION CHECKLIST

Please make sure you have attached all the following items:

- Budget worksheet
- Bid or estimate from contractor if applicable
- Before picture of the building

I understand work cannot begin on the grant project until a Notice to Proceed has been issued by the City. Any work started before the Notice to Proceed is issued will not be reimbursed by the City and failure to abide by the Program Rules and Process will result in denial of the funds. I understand the project may be inspected by representatives of the City for compliance to the project as submitted with the application. I understand that should the project be found not in compliance with the original application and proposal as submitted and approved, I may be denied issuance of the grant funds. The undersigned applicant(s) affirms that the information submitted herein is true and accurate to the best of my knowledge. I have read and understand the conditions of the Window Replacement Grant Program Rules and Process and agree to the conditions and guidelines.

Applicant Signature: _____ Date: _____

Building Owner Signature: _____ Date: _____

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Window Replacement Grant Program Budget Worksheet

Applicant Name: _____ Date: _____

Name of Business: _____

Address where work will be performed: _____

Grant funds and the required private matching funds are to be spent for actual owner-paid, direct expenses approved by the grant committee such as purchasing materials and paying a contractor.

	Amount Paid for by Grant Funds	Amount Paid for by Applicant Match Funds	Total Cost of Item
Cost of Materials-provide detail			
Labor Costs			
Equipment Rental Fees			
Other Expenses (please detail)			
COLUMN TOTAL	\$	\$	\$

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