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**Building Improvement Grant (BIG)  
2025 Application** APPLICATIONS MUST BE SUBMITTED IN PERSON OR MAILED AND POSTMARKED BY TO: OPELOUSAS DOWNTOWN DEVELOPMENT DISTRICT, ATTN: BRITTANY CRETCHAIN, 5367 I-49 S. SERVICE RD., OPELOUSAS, LA 70570

PLEASE PROVIDE ALL OF THE REQUESTED INFORMATION IN YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.

Grant Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_ Total Cost of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category of work: \_\_\_\_Interior \_\_\_\_Exterior \_\_\_\_Both

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building name or LLC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant is building owner: \_\_\_\_Yes \_\_\_\_No Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant is merchant/tenant: \_\_\_\_Yes \_\_\_\_No Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project/building address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this building over 50 years old? \_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Unsure

Is building located in the Main Street District \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_\_

Is building located in the Historic District? \_\_\_\_\_\_\_\_--Yes \_\_\_\_\_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date business opened? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Is this building Vacant/Not Occupied   \_\_\_\_\_\_Yes  \_\_\_\_\_No    If yes, Please use the narrative section of this grant application to specify if there is a plan to bring the building back into commerce within the next 6 months. Type of building: \_\_\_\_Commercial \_\_\_\_Residential \_\_\_\_Mixed-use

Have you previously received funds from the Building Improvement Grant? \_\_\_\_Yes \_\_\_\_\_No

If so, what year(s) received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the business owned or operated by a minority (women, veteran, African American or Black owned, LGBTQ, etc?

\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_\_

**Scope of Work**

Note in **bullet-point** fashion all work to be performed with grant funds, including the dollar amount associated with each and a total. **MUST include** copies of signed/dated contractor estimates. Additional pages may be included if necessary. **Applications that are not completed will be disqualified.**

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Total $ \_\_\_\_\_\_\_\_\_\_\_\_

**Narrative**

Please answer the following questions. Should you need additional space, please type and submit on a separate sheet. This is your opportunity to effectively communicate the value and impact of the project. The narrative allows applicants to highlight the significance of the project, demonstrate the potential outcomes and showcase why it deserves funding. The narrative is heavily weighted in application scoring. **Applications without a narrative will automatically be disqualified** Note: Please answer each questions individually.

(Note: When replacing doors, windows, railings, canopies, or other architectural components applicants must provide specific details regarding those replacements. See Secretary of the Interior Standards for further clarification or contact Opelousas Main Street Office.)

**1. Describe your project. Outline the scope of your project, including specific improvements or restorations you plan to make. Detail the materials and methods you will use, ensuring they are appropriate for the building's age and architecture. Explain how the project will enhance the building's structural integrity, aesthetics, or functionality. Include timelines and any professional services or tradespeople you will engage.**

**2. Explain the need for the project and/or impact on the building, district or community. Discuss the current condition of the building and why these improvements are necessary. Highlight the potential risks of not undertaking the project, such as further deterioration or safety hazards. Emphasize the positive outcomes of the project, such as preserving a piece of history, improving the aesthetic appeal of the area, increasing property values, or providing new community amenities or creating new jobs. Explain how the project aligns with broader community goals, such as economic development, tourism, or cultural enrichment.**

**Applicant Signature Page**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ensure my grant project is in accordance with the guidelines outlined in the ODDD/OMS Building Improvement Grant Program. I further certify that my grant project is in compliance with all city, state, and federal laws, regulations, ordinances, codes, occupational licenses, taxes, etc. I do understand that BIG funds are given upon fund availability and my project’s impact on the district. I also agree to begin the funded grant project within 45 days of the official notice of award funding.

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name

Building Owner’s Signature (if building is not owned by applicant) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name