



Legislation Details (With Text)

**File #:** 24-0255      **Version:** 1      **Name:** Facade Grant Request for AT Medical Holdings  
**Type:** Resolution      **Status:** Adopted  
**File created:** 4/5/2024      **In control:** Community Development Department  
**On agenda:** 4/15/2024      **Final action:** 4/15/2024  
**Title:** A Resolution to Approve the Facade Grant Request for AT Medical Holdings  
**Sponsors:**  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. Facade recommendation docs.pdf

Date	Ver.	Action By	Action	Result
4/15/2024	1	City Council	adopted	Pass

A Resolution to Approve the Facade Grant Request for AT Medical Holdings

Description of Topic: (who, what, where, when, why and how much)

**AT Medical Holdings, Facade Grant, 200 E Laurel Ave, When Approved, New Owner/Tenant, Up to \$19,350**

Budgetary Impact:

Non-Capital Item:

\_\_\_ Budgeted under account # \_\_\_\_\_ (discussion item)

\_\_\_ Not budgeted, requesting transfer of \$ \_\_\_\_\_ from Account # \_\_\_\_\_ to Account

# \_\_\_\_\_.\*\*Request to Transfer Departmental Budget Dollars form must be attached\*\*

Not budgeted requiring increase to account # **100-6010-6187** in the amount of **\$19,350**

.\*\*Request to Increase Departmental Budget Dollars form must be attached\*\*

Capital - Departmental \*\*Capital Purchase Worksheet form must be attached\*\*

\_\_\_ Budgeted under account # \_\_\_\_\_ for \$ \_\_\_\_\_ and described in budget as

\_\_\_\_\_. Additional amount needed, if any: Increase in budget of \$ \_\_\_\_\_ OR, transfer of \$ \_\_\_\_\_ from Account # \_\_\_\_\_ to Account # \_\_\_\_\_ \*\*Request to Increase OR Request to Transfer Departmental Budget Dollars form must be attached\*\*

\_\_\_ Not Budgeted - account # \_\_\_\_\_ requires budget increase of \$ \_\_\_\_\_.\*\*Request to Increase Departmental Budget Dollars form must be attached\*\*

Capital Project - \*\*If requesting to start a project, a Capital Project Worksheet form must be attached\*\*

In current year Capital Projects Plan:

\_\_\_ Yes, described as \_\_\_\_\_, planned amount \$ \_\_\_\_\_, requesting \$ \_\_\_\_\_ as total project estimate, including contingencies, under account # \_\_\_\_\_

\_\_\_ No, requesting \$ \_\_\_\_\_ as total project estimate, including contingencies, under account # \_\_\_\_\_.

\_\_\_ Yes, requesting an increase of \$ \_\_\_\_\_ to an already approved project titled

\_\_\_\_\_ that is being tracked under Account No. \_\_\_\_\_.  
\_\_\_\_ No, requesting an increase of \$\_\_\_\_\_ to an already approved project titled  
\_\_\_\_\_ that is being tracked under Account No. \_\_\_\_\_.

WHEREAS, during the regular Council meeting of September 16, 2013, Council approved Resolution 13-0486 approving the Façade Improvement Incentive Grant Program to provide financial assistance for exterior appearance improvement projects on buildings located in the Local Downtown Historic District and the National Register District, and

WHEREAS, the Façade Improvement Incentive Grant Program was amended on July 6, 2020 and July 20, 2020 to include the Foley Main Street boundary, allowing the business and or property owner to apply and to begin work at their risk prior to grant approval, and

WHEREAS, the structure located at 200 E Laurel Avenue is a Non-Contributing Structure located in the Local Downtown Historic District, the National Register District and the Main Street District, and

WHEREAS, AT Medical Holdings has provided the required information and the Historical Commission has recommended approval;

NOW THEREFORE BE IT RESOLVED that the City Council of the City of Foley, Alabama, as follows:

SECTION 1: Increases the budget in Account Number 100-6010-6187 by \$19,350, and approves up to \$19,350 in reimbursement upon meeting all the requirements in the Resolution and specifically in Section VI. Reimbursement Process.

SECTION 2: This Resolution shall become effective immediately upon its adoption as required by law.