



Legislation Details (With Text)

File #: 23-0523 **Version:** 1 **Name:** Facade Grant Recommendation for Lisa Miller Oral Facial Surgery

Type: Resolution **Status:** Adopted

File created: 9/8/2023 **In control:** Community Development Department

On agenda: 9/18/2023 **Final action:** 9/18/2023

Title: Facade Grant Recommendation for Lisa Miller Oral Facial Surgery

Sponsors:

Indexes:

Code sections:

Attachments: 1. Lisa Miller Facade Recommendation.pdf

Date	Ver.	Action By	Action	Result
9/18/2023	1	City Council	adopted	Pass

Facade Grant Recommendation for Lisa Miller Oral Facial Surgery

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

Lisa Miller - Facade Grant - 301 W Laurel Ave - Improvements to the structure - Up to \$9,300

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 # _____ in the amount of \$ _____.**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 301 W Laurel Avenue is a Non-Contributing Structure located in the Local Downtown Historic District, and

WHEREAS, Lisa Miller Oral Facial Surgery 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: Approves up to \$9,300 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.