



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.