



CITY OF TENINO
Façade Improvement Grant Request
 P.O. Box 4019, Tenino, WA 98589
 Phone: (360) 264-2368 Fax: (360) 264-5772

Business Name: USPS
 Address: 124 Sussex Ave W.
 Mailing Address (if different): _____
 Owner: Lisa Soran Owner of building Contact Person / Title: Postmaster Karen Nelson
 Business Phone: 264 2504 FAX: _____ Email: Karen.r.nelson@usps.gov

1. Is this business located within the historic downtown business district? Yes No
2. If you are not the building owner, do you have the owner's permission to make improvements to this building? Yes No
3. Did you receive a Façade Improvement Grant from the City in the previous year? Yes No
4. Have you already received a Façade Improvement Grant from the City in this year? Yes No

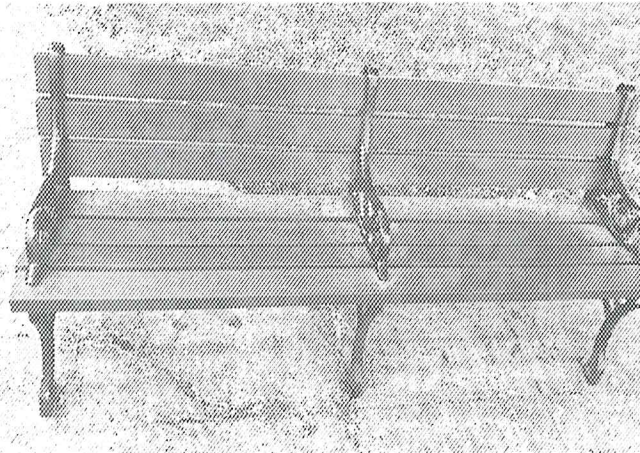
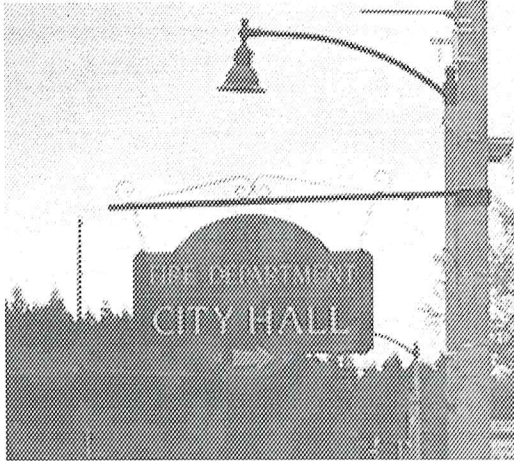
5. Please attach a description of the improvement you wish to make. The description may be in the form of a sketch, drawing, photograph, words, or any combination thereof. The Façade Improvement Grant Review Committee will base its recommendation to approve or deny the award of a grant based on the information provided, so the description should "paint a picture" that enables each committee member to fully grasp the result you intend to achieve.

I certify, by my signature below, that I understand the following: I am applying for a grant of money from the City of Tenino for the purpose of contributing to the improvement of the Community Character as defined in the City of Tenino Comprehensive Plan. This request will be reviewed by the City's Façade Improvement Grant Review Committee; however, the decision to award or deny the grant rests with the City Council of the City of Tenino and each such decision will be made during a regular meeting of the City Council. The Committee will base its recommendation on information I provide on this form and that I attach to it. Finally, I understand that this grant will be made solely in the form of a reimbursement of funds actually expended in furtherance of a façade improvement effort and that the amount received will be one-third of the total amount of funds that I actually spent, up to a maximum of \$1000; provided, however, that "funds actually spent" may include "in kind" contributions of labor or materials that I furnished. Reimbursement will be made after project completion and upon presentation of all receipts.

Karen Nelson Date: 4/17/19
 Applicant Signature _____ Day Telephone: 264-2504
KAREN NELSON PostMaster
 Print Name / Title _____

Space Below For City Use Only

Date Received by City: 18 Apr 19
 Name/Title: John Millard, clerk / Treasurer
 Façade Improvement Grant Review Committee Recommendation: Approve Deny
 Date considered: 23 May 19
 Comments: See Minutes
 Action by Council: Approved Denied
 Date: _____
 Comments: _____
 Grant Number: 2019-_____-_____
 Date Presented for Reimbursement: _____ Amount spent by business owner: _____
 Amount authorized to be reimbursed (1/3 of costs up to a maximum of \$1000): _____



To whom it may concern.

I am the new Tenino Postmaster, Karen Nelson, and am interested in making the Post Office building a little more appealing and inviting for the Tenino Community. I will be spending \$1,400 on just removing the unpleasant bushes out front. I've contacted the owner of the building and she will be pressure washing and resealing/painting the exterior of the building. I've seen the wonderful new signs displayed on Sussex and would love to have one for the Post Office. Outside the City Hall, and along Sussex there are benches and I think instead of the bushes I could have two benches or picnic table for the Tenino community to be able to sit and enjoy the town. With the Façade improvement Grant it would help me improve the look of the building and be good for the community to sit on a bench and enjoy the town as well as having a matching sign that represent the important businesses of Tenino.

Very Respectfully,

Karen Nelson 4/17/19

Karen Nelson
Tenino Postmaster
124 Sussex Ave W
Tenino WA 98589
360-264-2504