



### Façade Improvement Grant Program Application

I. Applicant Information

- A. Applicant Name Xizi Wang Center
- B. Business Name North Texas Whole Health Wellness
- C. Street Address 413 Keller Parkway  
Keller TX 76248.
- D. Mailing Address \_\_\_\_\_
- E. Work Phone 817-965-8999 Cell Phone 817-965-8999
- F. Email Calli.wang@gmail.com

II. Property Owner Information (if different from Applicant)

- A. Owner Name \_\_\_\_\_
- B. Business Name \_\_\_\_\_
- C. Street Address \_\_\_\_\_
- D. Mailing Address \_\_\_\_\_
- E. Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- F. Email \_\_\_\_\_

III. Property and Project Description

Address/Location of property to be considered for the City of Keller Façade Improvement Matching Grant Program  
413 Keller Parkway Keller, TX 76248

B. Is the building currently occupied by a business?

Yes  No If yes, please list the business name(s) and Certificate of Occupancy numbers below.

North Texas Whole Health Wellness Center  
MISC 11-2382

C. Is this a residential building that is being converted for commercial use?

- Yes  No *Please note: if a residential property is being converted to commercial use, a site plan is required. If a site plan has been submitted, please list the permit number below.*

D. Have building plans been submitted to the city for the project?

- Yes  No *Please note: building plans are required for some improvements, but may not be necessary for all projects. If building plans have been submitted, please list the permit number below.*

E. Has the applicant and/or property owner been a recipient of this Façade Improvement Matching Grant before?

- Yes  No *If yes, please list the property address(es) and year(s) the grant was awarded below.*

F. Are there any current code enforcement actions, tax liens, or judgement liens against the property?

- Yes  No

G. Grant Request

- |  |                   |
|--|-------------------|
| 1. Total Project Cost (for Façade Improvements Only) | \$ <u>8929.13</u> |
| 2. Eligible Grant Request (Up to \$10,000)           | \$ <u>8929.13</u> |

H. Project Description

(Please Describe what improvements will be made to the existing property and how the award of this grant impacts the project. 1,000 words max. May submit on a separate sheet of paper.)

New Logo Signage Outer part of building

Tree Trimmings

Replanting shrubs + mulch around perimeter of building

New front door with new door handle

Blackout Outer Screens

I. What is the anticipated start and end date for the project? (Month/Year)

Start Date 9-20-2023 End Date 11/2023



**Façade Improvement Grant Program  
Landscape Maintenance Contract**

The undersigned grant recipient hereby agrees to the following terms and conditions of the Façade Improvement Grant award for use in landscaping materials.

North Texas Whole Health Wellness Center (Name of Business) agrees to properly maintain all landscaping to the specifications of the City of Keller, which are summarized below.

- Provide proper hydration as needed to all trees, shrubs, flowers, vines, grasses and any plant material
- Provide proper fertilization to all of the above, regularly, as prescribed by individual plant requirements
- Provide proper general care of all landscaping on a regular schedule, including, if applicable, weekly mowing at recommended heights, edging, trimming, pruning, sucker removal, raking/leaf removal, transplanting, grooming, maintaining of espaliered shrubs and vines, deadheading as needed
- In case of plant failure, provide immediate removal, appropriate disposal and replacement in a timely manner
- Agree to purchase plant materials with warranty by retailer/supplier, if possible
- Agree to inspections from the City on a regular basis to assure quality of landscaping improvement

The City of Keller shall not be liable for any loss or damage sustained on landscaping items. The grant recipient shall hold the City of Keller whole and harmless from any and all claims for liability or damage of whatsoever nature and kind, including cost of court or attorney's fees. This contract automatically expires 24 months after fund disbursement from the City of Keller for the Façade Improvement Grant approved by City Council under Resolution No. \_\_\_\_\_.

Applicant Signature

Date

8-7-18-23

Name of Business

North Texas Whole Health Wellness Center

Address

412 Keller Parkway

Phone

817-965-0999

Email

Calliwong@gmail.com

J. Application Checklist

I, the applicant, verify that I have completed the following items in order to be considered for the City of Keller Façade Improvement Grant. I understand that the grant will not be processed if all items below are not met.

- Complete Façade Improvement Grant application.
- Written cost proposal with itemized improvements.
- Exterior photos of the building before any improvements have been made.
- Drawings or renderings of proposed improvements (proposed color palette requested, if drawings or renderings are not colored).
- Artist Portfolio and Art Renderings, if applicable.
- The proposed façade improvements have not been completed prior to receipt and verification of a complete application by city staff.

**DISCLAIMER**

I acknowledge that I understand the terms of the City of Keller Façade Improvement Grant Program, and it is my intent to meet the specified terms of this application if approved. I understand further that this project is approved for grant reimbursement only in strict accordance with the approved plans that are attached to this application and hereby made part of this agreement. I further understand that change orders on the work in progress require approval by the City of Keller City Council and that failure to comply with this agreement may jeopardize receipt of grant funds

Applicant Signature \_\_\_\_\_

Date

7-19-23

Property Owner Signature  
(if different from applicant) \_\_\_\_\_

Date \_\_\_\_\_

**Information Below to be Filled Out by City Staff Only**

Date Received \_\_\_\_\_

Staff Initials \_\_\_\_\_

Application

Complete

Incomplete  Missing Items \_\_\_\_\_

\_\_\_\_\_

## H. Project Description

- 1.) New Logo Signage for Outer part of the building
  - Two signs
- 2.) Tree Trimming near our building on Keller Pkwy
  - Limbs hanging low in parking spot and leaning <sup>(limbs)</sup> on building walls + roof.
- 3.) Replanting shrubs and flowers around the perimeter of the building (front and partial side)
  - Shrubs have died
- 4.) New front door and door frame . back door.
  - Does not shut or seal properly / Inner frame cracked
- 5.) Blackout outer screens
  - for outside windows

How will the grant affect the over all project:

This grant will allow our building and business to maintain our image of professionalism. It will also allow us to keep the safety of our patients belongings when they park near or under the tree limbs.



SIGMA Sign Co.  
 1590 TX-121 BUSINESS, Building 3, Suite 100 Lewisville, Texas 75056  
 sales@sigmasignco.com  
 972-317-4467



License #: TSCL # 18970  
 www.sigmasignco.com

# Quote 2771

Non-lit logo signs

SALES REP INFO  
 David Elliott  
 Owner  
 dave@sigmasignco.com  
 972-317-4467

QUOTE DATE  
 07/06/2023  
 QUOTE EXPIRY DATE  
 07/21/2023

TERMS  
 Deposit Balance due upon completion

ORDERED BY  
 North Texas Whole Health Wellness Center  
 413 Keller Parkway  
 Keller, TX 76248

INSTALL ADDRESS  
 413 Keller Parkway  
 Keller, TX 76248

CONTACT INFO  
 Barbara  
 wholehealthwellnesscenter@gmail.com  
 +1 817-965-0999

#	ITEM	QTY	UOM	U.PRICE	TOTAL (EXCL. TAX)	TAXABLE
1	<b>Design - Logo Recreation</b> SCOPE OF WORK: Recreate logo from JPG or PNG file provided by client  <ul style="list-style-type: none"> <li>\$120 per hour with a minimum of 1/2 hour charged - total price reflects total design time estimated for completion of the project</li> <li>Logo will be recreated as shown, but color changes may be requested at time of order</li> <li>Three (3) revisions may be requested if necessary</li> <li>Client will receive vector file once approved</li> </ul> For additional information, please see PROOF & PRODUCTION POLICY below under terms.	3.75	Hr	\$120.00	\$450.00	N
2	<b>Rigid - ACM/Alum/PVC/Foam/Coro/Poly/Acrylic</b> Width: 36 Inches Height: 36 Inches Single-Sided ACM(3mm-solid) - White/Mill 18.0 Sqft Oraguard 210 Matte Laminate 18.0 Sqft	2	Sqft	\$550.00	\$1,100.00	Y
3	<b>Installation</b> On-Site Installation Pad/stud mount Level: N4 M: M1	1	Each	\$550.00	\$550.00	Y

ANY CHANGES MADE TO THE ORIGINAL ORDER TO BE MADE IN WRITING. ANY LOSSES IN MATERIALS OR LABOR DUE TO ANY CANCELLATIONS OR CHANGES MADE AFTER PRODUCTION IS STARTED, WILL INCUR A HANDLING AND REIMBURSEMENT FEE WHICH WE DEEM AS EQUAL TO PRICE OF MATERIAL AND LABOR SPENT ON PROJECT AND CUSTOMER ACCEPTS FULL RESPONSIBILITY FOR THESE CHARGES. ALL SIGNS ARE TO REMAIN PROPERTY OF SIGMA Sign Co. AND ARE SUBJECT TO A MECHANICS LIEN UNTIL PAID IN FULL. DETAILS ON THIS ORER SUPERSEDE ANY PO PROVIDED BY CUSTOMER.

VENDOR'S LIABILITY: Vendor's total liability is hereby expressly limited to the services indicated on the invoice and Vendor will not be liable for any subsequent damages, consequential damages, or otherwise. All dates promised on this invoice are approximations unless the word "firm" is written and acknowledged by the Vendor.

TERMS OF PAYMENT: Unless otherwise stated, payment in full or a 50% down payment is due upon ordering. Your balance will be due upon delivery and/or installation. Vendor may, at its sole discretion, extend credit terms to you upon approval. Collection Procedures: If customer terms are not provided, invoices are considered delinquent fifteen (15) days from the date that your order is completed. At that point, a late charge of \$100.00, together with interest accruing at the rate of 2% per annum, or the maximum rate allowable by law is assessed. You shall be liable for all costs related to collection of delinquent invoices, including court costs and attorney's fees.

PROOF & PRODUCTION POLICY: We are happy to provide up to two free electronic proofs after your order is placed. Any proofs thereafter will be charged at \$45.00 per proof and may delay the production of your order. Final examination for accuracy is your responsibility. The Customer is Solely Responsible for proofreading. Vendor does not assume any responsibility for the correctness of copy. Therefore, you must review and approve a proof prior to our commencement of your order. By approving your proof, you approve and are solely responsible for its content and release the Vendor to commence our work. However, if we should make an error in producing the work as proofed, please be assured that we will redo the work as quickly as possible and without charge to you. Revisions requested after we receive your approval will result in additional charges and possible delays. Once the order is placed, an \$100.00 hourly setup fee will be charged for any canceled orders after designs have been submitted for approval.

ARTWORK GUIDELINES: If supplying artwork, please double check for accuracy and spelling. We do not alter any graphics without consent. For detailed information see our "File Guidelines" at [www.sigmasignco.com/contact](http://www.sigmasignco.com/contact)

INSTALLATION: Please provide a point of contact for our installer to contact at the site. We encourage that the area be cleaned and free of any debris that may slow down the install process. There will be an extra charge of any removal, wait time or making a second trip. If a second trip is required, rescheduling is at the earliest time slot of our calendar. If customer provides material, please be aware that we hold no responsibility for any damages or improper installation.

CUSTOMER'S ACCEPTANCE OF WORK: Customer's acceptance, either personal or through his/her agent(s) and/or employee(s) of the work ordered shall be deemed as full acceptance. This means that by accepting delivery of the work, customer affirms that the work substantially conforms to all expectations.

LOST OR SUBSTANTIALLY FORGOTTEN WORK: If customer does not take possession of completed work within thirty (30) days from notification of completion, then the work will be considered lost or forgotten, and vendor will not be responsible for further loss. Customer will be billed and responsible for payment for work that has been completed.

Credit card payments over \$1,000 are subject to a 3% fee. By providing your approval and/or payment, you agree to the above terms and charges and authorize Vendor to charge my card at this time. Please proceed with the order.

By providing your approval and/or payment, you agree to the above terms and charges. Please proceed with the order.

TSCL # 18970 Regulated by The Texas Department of Licensing and Regulation, P. O. Box 12157, Austin, Texas 78711  
1-800-803-9202, 512-463-6599; website: [www.tdlr.texas.gov](http://www.tdlr.texas.gov)

<b>Shipping:</b>	<b>\$0</b>
<b>Subtotal:</b>	<b>\$2,100.00</b>
<b>Sales Tax (8.25%):</b>	<b>\$136.13</b>
<b>Total:</b>	<b>\$2,236.13</b>

**Downpayment (50.0 %)**

**\$1,118.07**

**SIGNATURE:**

**DATE:**





American Solar Screens

755 Davis Blvd.  
Southlake, Texas 76092

# Estimate

Date	Estimate #
6/29/2023	969

Name / Address
Wong, Calli 413 Keller Parkway Keller, Texas 76248

			Project
Description	Qty	Cost	Total
9 Solar Screens Includes tax and installation		949.00	949.00
3 Solar Screens located around door area, without gridwork		299.00	299.00
		<b>Total</b>	\$1,248.00

Customer Signature \_\_\_\_\_



Before photo:  
East side of building facing parking lot



Before photo:  
East side of building facing parking lot





ACUPUNCTURE  
MASSAGE

Whole Health  
Wellness Center  
Chiropractic and  
Oriental medicine

**CBD  
SOLD HERE**

Before photo:  
South side of building facing Keller Pkwy

Before photo:  
Main entry door to be replaced



Before photo:  
Main entry door to be replaced







Rendering of new signs on west and south sides of the building

Rendering of new ornamental door on main entry





Rendering of new ornamental door on main entry