



ALACHUA CRA
COMMUNITY REDEVELOPMENT AGENCY

Business Façade Grant Program Application for Façade Grant

CONTACT INFORMATION:

Property Owner Information

Property Owner Name:

Mailing Address:

Phone/Cell #:

Email:

Business Owner Information

Business Owner Name:

Mailing Address:

Phone/Cell #:

Email:

City Local Business Tax Receipt Number:

Applicant Information (If Other than Property Owner or Business Owner)

Applicant name and title:

Mailing Address:

Phone/Cell #:

Email:

SITE IDENTIFICATION AND HISTORY

Name of business or site:

If property is not occupied will it be occupied upon completion of the project?

Location Address:

Year building was constructed:

Tax Parcel Number:

Existing Use:

Proposed Use:

BUDGET TABLE

Provide within the budget table below a description of project components (material and labor only) and the estimated cost of each component. Attach supporting documentation, quotes, and estimates to this application. Grantees will be reimbursed for 50% of the actual project costs, up to a maximum of \$5,000. Any change to the project budget and scope must be approved prior to work in order to be eligible for reimbursement. An example of how to fill out this table is located at the bottom of this page.

DESCRIPTION	ESTIMATED COST
PROJECT TOTAL	

Notes:

EXAMPLE BUDGET TABLE

DESCRIPTION	ESTIMATED COST
Window Replacement Contractor's Estimate (labor & materials)	\$4,000
Paint (materials)	\$1,000
2- Replacement glass light fixtures (materials)	\$400
PROJECT TOTAL	\$5,400

SIGNATURE PAGE

I, _____, attest under penalty of perjury that the information contained in this City of Alachua CRA Application for Façade Grant is true and correct to the best of my knowledge. I understand that the Alachua CRA Business Facade Grant Program benefits are contingent upon funding availability and Alachua CRA approval and are not to be construed as an entitlement or right of a property owner or Applicant. Properties within the designated Alachua CRA boundary are not eligible for grant-funded programs when the work proposed to be funded would conflict with the goals expressed in the CRA Amended Community Redevelopment Plan. I understand that all improvements funded by any grant awarded must be consistent with the information submitted with this application and considered by the CRA, and all work and activity funded by any grant award will comply with the City of Alachua CRA Business Façade Grant Program Policies & Procedures. I further understand that I am responsible for providing construction documents and obtaining any permits required for the proposed work, and hold harmless the City of Alachua CRA for any damage associated with this Application or the Alachua CRA Business Façade Grant Program.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20__, by _____, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of _____