

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:

What is the current condition of the building façade? Response may be separately attached.

SCOPE OF WORK

Provide a 1-2 paragraph summary of the proposed improvements and how the proposed improvements will enhance the Community Redevelopment Area. Response may be separately attached.

REQUIRED MATERIALS TO SUBMIT WITH APPLICATION

Please include the following attachments with your application before you submit:

- □ Current photos of building and issues that will be resolved under the Program.
- □ Signed and sealed plans (if required by City Building Department for the type of work proposed).
- □ Sketches, drawings, plans or architectural renderings which clearly depict the proposed improvements.
- □ Information regarding project components such as color swatches, pictures of added features, etc.
- □ Proof property taxes are current.
- □ A copy of Local Business Tax Receipt.
- □ Proof property is current in utility bills.
- □ Copy of a lease or rental agreement that indicates building will be occupied after rehabilitation (if applicable).
- □ Two written contractor estimates if purchase or labor is \$1,000 or greater (staff will review for reasonableness of cost).

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 acknow	ledged before me this	day of	, 20, by	
, who is/are p	ersonally known to me, or	r who has/have	e produced	as
identification.				
NOTARY SEAL				
		Signatu	are of Notary Public, State of	