

Business Façade Grant Program Application

CONTACT INFORMATION:

Applicant Information		
Applicant name: GUSSIE	M	1
Mailing Address: 282/3	NI III.	C

241 5 Phone/Cell #: 35 38 Email: 20 guesi

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Property Owner Information

If the applicant is not the property owner, a Property Owner Authorization Form must be completed and submitted with this Application.

Property Owner Name:	Sar	ne a	s abo	Ve-	
Mailing Address:			_		
Phone/Cell #:		integra		,	
Email:		16			
Business Owner Information		Game	- as	above	
Business Owner Name:		11	11	i l	
Mailing Address:		,/	1.	,1	
Phone/Cell #:		, '	/{	1	
Email:		11	11	11	
City Local Business Tax Rece	eipt Numbe	er: O	166		
SITE IDENTIFICATION AND H	ISTORY		,		

Name of business or site: Beauty Polar
If property is not occupied will it be occupied upon completion of the project?
Location Address: 14954 N Main Street
Year building was constructed:
Tax Parcel Number: 036/7-004-000
Existing Use: Beauty Polar
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.

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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.

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Estimated Materials	149.22
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PROJECT TOTAL	1,797.7
Notes:	HAR

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		

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rein 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. I have received and reviewed the Business Façade Grant Program Policies and Procedures (the "Procedures") and I agree that all work and activities funded by any grant award will be done in accordance with the Procedures. I further agree to comply with the Florida Public Records Law Requirements attached as Exhibit C to the Procedures for all labor and materials paid for by the grant award. 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

Typed or printed name and title of applicant

Signature of Co-applicant

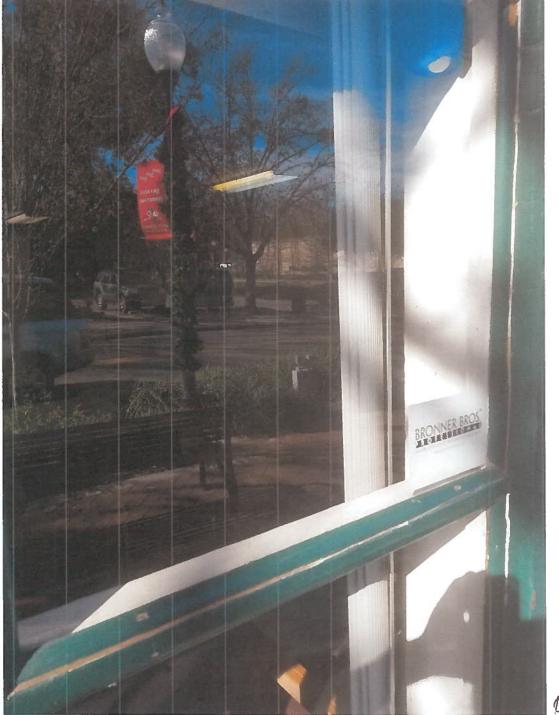
Typed or printed name of co-applicant

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Date Date State of County of 20 by he foregoing application is acknowledged before me this day of who is/are personally known to me, or who has/have produce as identification. JOYE ELLEN EMERSON Commission # GG 210360 Expires August 22, 2022 Signature of Notary Public, State of Bonded Thru Budget Notary Services

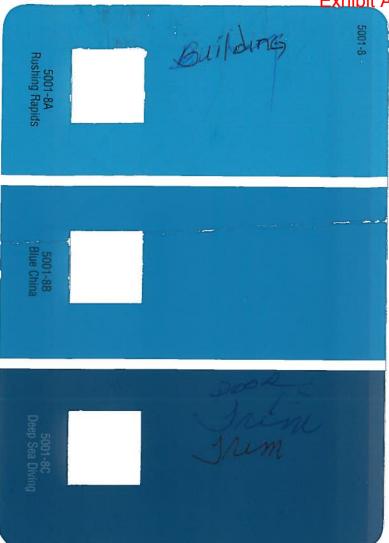


Front



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Nhim



Isaiah Jenkins 18035 NW 62nd AVENUE STARKE, FLORIDA 32091 isaiahjenkins@hotmail.com

January 29, 2019

Mrs. Lee

ris = a

Re: Shop Repairs

Dear Mrs. Lee,

In accordance with our previous conversation, I hereby submit the following proposal:

SCOPE OF WORK: Hair Shop	
Paint front of shop wall/door/trim.	\$680.0
Replace trim around window	\$125.00
Pressure wash front of shop	\$225.00
*** TOTAL LABOR COST:	\$1030.00
Materials list	
3gal. paint	\$131.94
3ea. quarter round trim	\$17.28
***TOTAL COST MATERIALS:	\$149.22
***TOTAL COST LABOR/MATERIALS:	\$1179.22
*ALL MATERIALS WILL BE SUPPLIED BY HOME OWNER.	

If this proposal is acceptable, please sign and date in the designated place and return one copy to me. I will be available to start upon the agreed date of ______, 2019

Thank you for considering me for this project. If you have any questions, please contact me at

(904) 769-1126.

DATE ACCEPTED: _____

Isaiah Jenkins Nor Gussie M. Lie Mrs. Lee 11/

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John Power Alachua County Tax Collector PO BOX 142340, GAINESVILLE, FL 32614-2340 **Resolution CRA19-02**

Transaction	# 2643193
Cashier:	MB
Paid By:	
LEE, GUSSIE M	
Posted Date:	11/28/2018 04:02PM
Received Via:	in Person
Num. Items:	1
Total Tendered:	\$1,049.60
Receipt #:	18-0036170
Batch:	143415
Drawer:	misb
Status:	Complete

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