

Business Façade Grant Program Application

CONTACT INFORMATION:
Applicant Information
Applicant name:
Mailing Address:
Phone/Cell #:
Email:
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:
Mailing Address:
Phone/Cell #:
Email:
Business Owner Information
Business Owner Name:
Mailing Address:
Phone/Cell #:
Email:
City Local Business Tax Receipt Number:
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				
l,, a	ttest 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	t of a property owner or Applicant. Properties			
within the designated Alachua CRA boundary a	re 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	d that all improvements funded by any grant			
awarded must be consistent with the infor	mation submitted with this application and			
considered by the CRA. I have received and $\ensuremath{\text{I}}$	reviewed the Business Façade Grant Program			
Policies and Procedures (the "Procedures") and	d 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				
and hold harmless the City of Alachua CRA for a				
the Alachua CRA Business Façade Grant Progra	m.			
Signature of Applicant	Signature of Co-applicant			
Typed or printed name and title of applicant	Typed or printed name of co-applicant			
	, , , , , , , , , , , , , , , , , , , ,			
Date	Date			
Dute	Dute			
Shaka af				
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 _____