

Business Façade Grant Program Application

CONTACT INFORMATION:
Applicant Information
Applicant name:
Mailing Address:
Phone/Cell #:
Email:
Business Owner Information
Business Owner Name:
Mailing Address:
Phone/Cell #:
Email:
City Local Business Tax Receipt Number:
Property Owner Information (if different than business owner) 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:
Walling / daress.
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:
Pronosed Use:

What is the current condition of the building façade? Response may be separately attached.
SCOPE OF WORK rovide a 1-2 paragraph summary of the proposed improvements and how the proposed mprovements will enhance the Community Redevelopment Area. Response may be separately ttached.
REQUIRED MATERIALS TO SUBMIT WITH APPLICATION lease 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 wor proposed).
☐ Sketches, drawings, plans or architectural renderings which clearly depict the proposed improvements.
☐ Information regarding project components such as color swatches, pictures of adde features, etc.
☐ 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 wi 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 75% of the actual project costs, up to a maximum of \$10,000. Applicants will receive up to half of the grant upon proof of paid invoice, but to receive the full amount they must finish the project in its entirety and provide proof of payment for all project related costs, including all contractors and subcontractors, prior to reimbursement. 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,,	, attest under penalty of perjury that the
information contained in this City of Nev	wberry CRA Application for Façade Grant is true
and correct to the best of my knowledge. I	I understand that the Newberry CRA Business
Facade Grant Program benefits are continged	ent upon funding availability and Newberry CRA
approval and are not to be construed as a	n entitlement or right of a property owner or
Applicant. Properties within the designated	d Newberry CRA boundary are not eligible for
grant-funded programs when the work proj	posed to be funded would conflict with the goals
expressed in the CRA Amended Community	y Redevelopment Plan. I understand that all
improvements funded by any grant award	ded must be consistent with the information
submitted with this application and con	nsidered by the CRA. I have received and
reviewed the Business Façade Grant Prog	gram Policies and Procedures (the "Procedures")
and I agree that all work and activities fund	led by any grant award will be done in accordance
with the Procedures. I further agree to com	ply with the Florida Public Records Law
Requirements attached as Exhibit C to the F	Procedures for all labor and materials paid for by
the grant award. I further understand that I	I am responsible for providing construction
documents and obtaining any permits requi	ired for the proposed work, and hold harmless the
City of Newberry CRA for any damage assoc	ciated with this Application or the Newberry 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	
State of County of	f
The foregoing application is acknowledged before me this	day of, 20, by
	e, or who has/have producedas
identification.	
NOTARY SEAL	
	Signature of Notary Public, State of