



City Of Winter Park

West Fairbanks Façade Matching Grant Program

1. APPLICANT

Name: _____

Address: _____

_____ Zip _____

Contact Name: _____ Phone Number: _____

Email: _____ Fax Number: _____

Legal Form: Sole Proprietorship Partnership

Corporation: Profit Non-Profit

In which State are the incorporation and/or organization documents filed?

Social Security Number/Tax Identification Number: _____

2. BUILDING/BUSINESS TO BE IMPROVED

Name: _____

Address: _____

_____ Zip _____

Legal Description (may be attached on separate page):

Property Tax Parcel Number: _____

3. OWNER OF PROPERTY (if not applicant)

Name: _____

Contact Name: _____

Address: _____

_____ Zip _____

Phone Number(s): _____

4. AUTHORIZATION TO UNDERTAKE WORK

If the applicant is not the owner of the property, please include a signed copy of the attached Property Owner Authorization form.

5. BRIEF DESCRIPTION OF PROPOSED EXTERIOR IMPROVEMENTS

6. ESTIMATED COST OF WORK FROM BIDS RECEIVED *(Applicant may make multiple copies of this page if the applicant is acting as their own General Contractor and more than one type of work is being performed. List each type of work separately under item 5 and enter the required bids below.)*

Bid #1:

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Bid Amount for Total Work: \$_____.

Bid #2:

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Bid Amount for Total Work: \$_____.

7. SOURCE OF MATCHING FUNDS (personal financing, bank etc.)

8. INVESTMENT VALUE OF WORK BEING PERFORMED BY APPLICANT

Include the total cost estimate of all work being performed at the business, both exterior and any interior improvements being made. \$_____.

8. ACKNOWLEDGEMENTS

- I have read and understand the program guidelines and criteria.
- I have attached a copy of my current business license to this document.
- I have attached a copy of my current property insurance.
- To the best of my knowledge the business and the property are current on all local, state and federal taxes.
- I have attached a copy of the scope of work and available drawings or sketches.
- I have attached a copy of the Property Owner Authorization form.
- I understand that final approval must come from all City departments concerned with any improvement and that award of the grant by the City does not guarantee approval of the project. The applicant must meet all City requirements and codes.

<p>Staff Use Only:</p> <p>Application Approved (Y / N)</p> <p>Date: _____</p> <p>By: _____</p>
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CERTIFICATION BY APPLICANT

The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining up to a 50% matching grant and is true and complete to the best of the applicant’s knowledge and belief.

If the applicant is not the owner of the property to be rehabilitated, or if the applicant is not the sole owner of the property, the applicant certifies that he/she has the authority to sign and enter into an agreement to perform the rehabilitation work on the property. Evidence of this authority must be attached.

The City of Winter Park is dedicated to promoting and encouraging diversity in the programs that it supports or funds. Successful applicants in the West Fairbanks Business Façade Matching Grant Program are encouraged to contact contractors that are certified minority owned or small businesses.

Verification of any information contained in this application may be obtained by City Staff from any available source.

Applicant Signature

Date

Submit complete applications and supporting documentation to:

City of Winter Park Economic Development/CRA
Attn: West Fairbanks Business Façade Program
401 South Park Avenue
Winter Park, FL 32789

Business Façade Program Property Owner Authorization

I, _____, understand that
_____, a leaseholder of my property located at

_____ is considering improvements under the City of Winter Park Community Redevelopment Agency West Fairbanks Business Façade Grant Program, hereinafter referred to as "Program." For the purposes of this authorization, hereinafter the Community Redevelopment Agency shall be referred to as "CRA" and the City of Winter Park as "City".

I have received and reviewed the Program guidelines and reviewed the application submitted by my tenant. I agree to permit the proposed improvements to my building. I understand that I am not financially responsible to complete these improvements under the Program.

I understand and agree that neither the CRA nor the City assume responsibility or liability to me or any other part for any action or failure of any contractor or other third party and in no way guarantee any work to be done or material to be supplied.

I further agree to hold the CRA and the City harmless from and indemnify them for and against any and all claims which may be brought or raised against the CRA, the City, or any of its officers, representatives, agents or agencies regarding any matters relevant to the participant obligations under the Program.

I assure the CRA and the City that the tenant holds a valid lease with no expiration pending within the next twenty-four months following the date of application for Program funding.

I have read the above statements and acknowledge that they are true and complete to the best of my knowledge. I have no objection to the applicant pursuing the proposed improvements project, and I authorize the leaseholder to make the proposed improvements under the provisions of the Program.

Property Owner Signature Date

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__

by _____, who is personally

known to me or who has produced _____ as identification.

Notary Public _____