City Of Winter Park
Community Redevelopment Agency
(CRA) Business Façade Program

1. APPLICANT

Name: _____

Address: _____

_____ Zip _____

Contact Name: _____ Phone Number: _____

Email: _____ Fax Number: _____

Legal Form: ☐ Sole Proprietorship ☐ Partnership(LLCP)

☐ Limited Liability Company(LLC) ☐ Non-Profit

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

_____

Tax Identification Number: _____

2. BUILDING/BUSINESS TO BE IMPROVED

Name: _____

Address: _____

_____ Zip _____

Legal Description: _____

Property Tax Parcel Number: _____

3. OWNER OF PROPERTY (if not applicant)

Name: _____

Contact Name: _____

Address: _____

_____ Zip _____

Phone Number(s): _____

Staff Use Only: Application Approved (Y / N) Date: _____ By: _____

4. AUTHORIZATION TO UNDERTAKE WORK

If the applicant is not the owner of the property, provide written evidence in the form below that the owner authorizes this work to be undertaken.

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: $_____

Bid #3:

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Bid Amount for Total Work: $_____

Selected Vendor: _____

7. SOURCE(S) OF ADDITIONAL FUNDING

_____

_____

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 understand that final approval must come from all City departments concerned with any improvement and that award of the grant by the CRA does not guarantee approval of the project. The applicant must meet all City requirements and codes.

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 a 50/50 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 CRA is dedicated to promoting and encouraging diversity in the programs that it supports or funds. Successful applicants in the CRA Commercial Business Façade 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 the CRA from any available source.

_____ _____

Applicant Signature **Date**

Please return a copy of this completed application along with any supporting documentation to the CRA.

Community Redevelopment Agency
401 S. Park Ave
Winter Park, FL 32789

For additional information, please contact:
Edwige Josue
Economic Development/CRA Project Manager
Phone: 407-599-3225
Email: ejosue@cityofwinterpark.org

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 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