



APPLICATION

CITY OF TALLAHASSEE COMMUNITY REDEVELOPMENT AGENCY DOWNTOWN DISTRICT GROUND FLOOR RETAIL AND ENTERTAINMENT FAÇADE GRANT PROGRAM

I. APPLICANT AND BUSINESS INFORMATION

Date of Application: _____

Parcel Identification Number: _____

Name of Applicant: _____

Name of Business: _____

Business Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____ Employer Identification Number: _____

Type of Business: _____ Number of Years in Business: _____

Describe the required ground floor retail and/or entertainment use for the address for which funds are being requested, i.e. restaurant, boutique, gallery, etc.). (Attach additional pages if needed):

NOTE: Office uses located on the ground floor, on-street frontage do not qualify for the Program.

Florida Small Business Development Center at FAMU (FSBDC) Review and Approval – Applicants who have been in business for less than two (2) years are required to submit their application and business plan to the FSBDC for review and approval. If you do not have a business plan, staff at the FSBDC will assist you in preparing a plan. You may reach FSBDC staff at (850) 599-3407.

Print Name Signature Date

City of Tallahassee Review and Approval – Depending on the extent of your renovation plans, you will be required to have your application reviewed by one or more City departments. The Growth Management Department (850) 891-7001 is responsible for managing this review process. Your application, depending on the complexity of the proposed activity, may require additional

reviews through an established development review process. This application has been reviewed by the planner identified below, and the following process has been identified as appropriate.

The Growth Management Department (850) 891-7001 has reviewed the application and recommends the following process:

- Building Permit Application
- Land Use Compliance Certificate
- Environmental Permit Application
- Environmental Permit Waiver
- Pre-submittal application
- Other

Comments:

Growth Management Review Performed by:

_____ Date _____
Print Name Signature

Code Enforcement Lien and Violation Review - The Code Enforcement Division of the City's Growth Management Department (850) 891-7001 will review all applications to determine if there are any liens or existing code violations on the property.

Are there any liens or existing code violations on the property? ___ Yes ___ No

If yes, briefly explain (Attach additional pages if needed): _____

Code Enforcement Lien and Violation Review Performed by:

_____ Date _____
Print Name Signature

For Murals Only

Council on Cultural Arts (COAC) Review and Approval (*Attach a signed copy of proposed Mural rendering, also*):

Comments

_____ Date _____
Print Name Signature

II. PROPERTY OWNER INFORMATION (if different from Applicant)

Name of Property Owner: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Business Address: _____

The above named property owner agrees with and approves the proposed enhancements outlined in this application and will sign the Notice of Grant Agreement and Restrictive Covenants and/ or mortgage.

_____	_____
Name (print)	Title
_____	_____
Signature	Date

III. PROJECT FINANCING INFORMATION

Total Project Cost: _____ (Attach at least 3 bids from a licensed contractor)

Bid One: Contractor Name: _____ Bid Amount: _____

Bid Two: Contractor Name: _____ Bid Amount: _____

Bid Three Contractor Name: _____ Bid Amount: _____

PLEASE COMPLETE THE ATTACHED BID TEMPLATE DETAILING THE INDIVIDUAL BIDS.

Amount of Grant Funds Requested: _____ (Maximum funding request cannot exceed \$50,000) NOTE: The maximum grant amount for painting and murals is \$5,000.00. Only one bid for murals is necessary.

Has the property received CRA Funding in previous years? ___ Yes ___ No

If yes, indicate the type and amount.

Type: _____ Amount: _____

How will applicant's portion of the project be financed? Verification of funding sources will be required before final approval of the grant application. _____

IV. PROJECT SUMMARY

Please provide a summary of the proposed project and how the requested funds will be used. Be specific in describing the nature of the project and address the improvements that will be made and the timetable for completing the proposed improvements. Attach additional pages if necessary. Note: A site visit with the applicant may be necessary to understand the scope and nature of the project.

IV. ADDITIONAL SUBMISSIONS (required)

1. Color photographs of the existing building exterior. Need to show all sides of the building, with emphasis on the area to be improved;
2. Sketches or conceptual drawings of the anticipated façade improvements. On applications requesting more than \$10,000 in grant funds, these sketches or conceptual drawings must be submitted in digital format;
3. Three (3) bids from a licensed contractor detailing the following:
 - a. Description of the materials to be used and the construction procedure;
 - b. Itemized cost estimate of the project;
4. A legal description of the property;
5. Proof of property ownership or, if a tenant, a copy of the lease;
6. Tenants must provide written documentation verifying the property owner approves the proposed enhancements and will sign the restrictive covenants and/or mortgage (if property owner is not willing to sign the restrictive covenants, tenant must provide either a Letter of Credit or a Surety Bond to secure the deferred loan);
7. Documentation from all lending institutions verifying all mortgage payments on the property are current and that the lending institutions will provide updated information upon request by the Community Redevelopment Agency;
8. Documentation demonstrating all property tax payments are current;
9. If the property is locally designated as historic and is zoned under the Historic Preservation Overlay (HPO), please attach the Certificate of Appropriateness issued by the Tallahassee-Leon County Architectural Review Board (for more information on the review of historic properties, please contact the Tallahassee Trust for Historic Preservation at (850) 488-7334); and
10. Proof of property insurance.

V. CERTIFICATION

Please read the following and sign below. **All owners, authorized corporate officers, or partners must sign this application.**

The information contained in this application is accurate to the best of my knowledge. Applicants understand that personal, business and/or property information may be requested pursuant to this application and hereby give their consent for such information to be provided. The CRA retains the sole decision as to whether this grant application is approved, disapproved, or modified.

Applicant agrees to accept future maintenance and other associated costs occurring after the completion of the project for not less than five (5) years.

Name (print)

Name (print)

Title

Title

Signature

Signature

Date

Date