



APPLICATION

CITY OF TALLAHASSEE COMMUNITY REDEVELOPMENT AGENCY
GREATER FRENCHTOWN SOUTHSIDE DISTRICT
BUSINESS FACILITY IMPROVEMENT PROGRAM

I. APPLICANT AND BUSINESS INFORMATION

Date of Application: _____
Parcel ID Number: _____
Name of Applicant: _____
Name of Business: _____
Business Address: _____
Telephone Number: _____ Fax Number: _____
E-mail Address: _____
Type of Business: _____ Number of Years in Business: _____
Employer Identification Number: _____

II. PROPERTY OWNER INFORMATION (if different from Applicant)

Name of Property Owner: _____
Telephone Number: _____ Fax Number: _____
Mailing Address: _____
E-mail Address: _____
Business Address: _____

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.

FSBDC Staff Signature and 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)

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 (i.e. Provide bank statement or letter from financial institution or others) for funding in excess of the non-matching dollars _____

VI. 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.

VII. ADDITIONAL SUBMISSIONS CHECKLIST (Required)

Please submit all required information applicable, in order for the application to be reviewed.

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 that show the anticipated façade improvements or sufficient information to indicate the change(s). Applications which request more than \$20,000 in grant funds, these sketches or conceptual drawings may be submitted in digital format.
3. _____ Three (3) bids from a licensed contractor (where applicable) 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. _____ Proof of property ownership or, if a tenant, a copy of the lease;
8. _____ 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).

NOTE:

Proof of property insurance, “All Risk” with appropriate limits will be required prior to entering into agreement with the CRA. Property must have sufficient coverage limits. In addition to listing the City of Tallahassee and the Tallahassee Community Redevelopment Agency as Additional Name Insured and Certificate Holder.

VIII. CERTIFICATION (Applicant(s))

Please read the following and sign below. **Applicants, All Property Owners and/or authorized corporate officers, or authorized partners, etc. 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.

The named Property Owners and/or authorized corporate officers, or authorized partners, etc. 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 and/or other required documents.

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

Name (print)

Name (print)

Title

Title

Signature

Signature

Date

Date

VIII. CERTIFICATION (Property Owners, authorized corporate officers, authorized partners, etc.), if different from the Applicant

Please read the following and sign below. All Property Owners and/or authorized corporate officers, or authorized partners, etc. (if different than the Applicant) 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.

The named Applicant, Property Owners and/or authorized corporate officers, or authorized partners, etc. 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 and/or other required documents.

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

Name (print)

Name (print)

Title

Title

Signature

Signature

Date

Date