



PORT RICHEY COMMUNITY REDEVELOPMENT AGENCY FACADE IMPROVEMENT GRANT PROGRAM

GRANT APPLICATION

Name of Building/Business: _____

Address: _____ Phone: _____

City, State, Zip Code: _____

Name of Building/Business Owner: _____

Address: _____

Phone: _____

Tax Payer ID or Social Security Number or FEI/EIN Number _____

** Applicant's Social Security number shall be used only for identification and record retention. **

If the business is a partnership, attach a sheet listing name, address, and telephone number of each partner.

If the business is a corporation, attach a sheet listing name, address, and telephone number of each shareholder and officer who owns any portion of the corporate stock. (Publicly held are exempt.)

Description of the Improvement(s): _____

Please attach a drawing or rendering of the planned improvements, as well as any additional descriptive material.

Please attach photos of the facade in its current state.

PLEASE ATTACH THREE (3) BIDS or ESTIMATES FROM A LICENSED CONTRACTOR OR A "MATERIALS COST LIST" FROM THE RETAIL ESTABLISHMENT WHERE PURCHASING MATERIALS

Cost of the Improvement(s):

Exterior Facade: \$ _____

Painting: \$ _____

Landscaping with Irrigation: \$ _____

Parking/Paving Improvement: \$ _____

Total Costs: \$ _____

Grant Funds Requested: \$ _____ (Please see attached calculation sheet)

1. ___ **The undersigned applicant agrees to utilize any grant funds received in strict conformance with the provisions of Resolution 08-14.**
2. ___ **All Grant Applications must receive approval by the Housing & Development Committee before any construction can commence. No grants will be awarded on an application if work has been started (or completed.)**
3. ___ **All Applicants will be required to present proper permitting through the building department before any application will receive an “approved” grant award. (This includes any changes required for getting a permit: variance or zoning change request must be handled prior to award approval.)**
4. ___ **All Applicants that are awarded a grant understand that when submitting for reimbursement, that “cash receipts” will not be accepted due to auditing requirements. (NO EXCEPTIONS) You must pay for materials/services by personal check, money order or by credit card.**
5. ___ **All grant recipients must complete a W-9 and will receive a “1099 tax form” for their award.**
6. ___ **Execution by Applicant:**

Before you sign, did you read and initial the information above?

Only completed applications will be accepted. Have you enclosed the following:

___ **Application** ___ **Current Photos** ___ **Estimates/Bids** ___ **Drawings (if required)**

(Applicant's Name Printed or Typed)

(Date)

(Authorized Signature of Application Representative)

(Date)

(Printed Name of Signature)

(Date)

FACADE GRANT FUNDING CALCULATION SHEET

Name of Applicant: _____

Address of Building: _____

Number of Units: _____
A

Number of Linear Feet: _____
B

If the number in Section A is (1) one unit:

complete this line _____ Multiply by \$100 = \$ _____
B C

The Amount in Section C cannot exceed \$5,000
YOUR GRANT FUNDS WILL BE ½ OF THE
COSTS OF YOUR IMPROVEMENTS – UP TO \$5,000

C Adjusted Amount

If the number in Section A is (2) two or more units:

complete this line _____ Multiply by \$100 = \$ _____
B D

The Amount in Section D cannot exceed \$15,000
YOUR GRANT FUNDS WILL BE ½ OF THE
COSTS OF YOUR IMPROVEMENTS – UP TO \$15,000

D Adjusted Amount