



**Community Development**

Building | Code Enforcement | Planning | Zoning

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**CRA FAÇADE IMPROVEMENT GRANT PROGRAM  
GRANT APPLICATION**

**I. Applicant / Business Information**

**Property Address:** \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

**Applicants' Name:** \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ / \_\_\_\_\_

**Business Name:\*** \_\_\_\_\_

Business Owner: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ / \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ / \_\_\_\_\_

\*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 companies are exempt.

**II. Description of Façade Improvement**

Please provide a brief description of the planned façade improvement: [attach sheets as necessary]

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Attach a drawing or rendering of the planned façade improvements, current or intended architectural style to achieve or maintain, as well as any additional descriptive material. Attach at least two (2) photos of the building façade in its current condition.



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**III. Cost of the Façade Improvements**

Please provide cost estimates for the planned façade improvements.

Architectural Façade Renovation:	\$ _____
Replacement or Installation of Windows and/or Door:	\$ _____
Replacement or Installation of Permanent Awnings:	\$ _____
Structural Alterations or Accessibility Improvements:	\$ _____
Landscaping and Irrigation:	\$ _____
Other: _____	\$ _____
<b>Total Project Cost:</b>	<b>\$ _____</b>
<b>Grant Funds Requested:</b> (See Facade Grant Program)	<b>\$ _____</b>

Please attach an itemized listing of costs or estimates from a licensed contractor.

**IV. Applicant's Acknowledgements**

Please read and initial all of the following:

- \_\_\_\_\_ The undersigned applicant agrees to utilize any grant funds received in strict conformance with the guidelines set forth by the Community Redevelopment Agency in Resolution 02-19
- \_\_\_\_\_ All grant applications must receive approval by the CRA Board before any construction can commence. No grants will be awarded on an application if work has been started or completed.
- \_\_\_\_\_ No grants will be awarded on an application if work has been started or completed.
- \_\_\_\_\_ All applicants will be required to present proper permitting through the Community Development Department before any application will receive an "approved" grant award. This includes any changes required to obtain a building permit. Variances and/or zoning change requests must be handled prior to award approval.
- \_\_\_\_\_ 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 and services by check, money order or by credit card. Verification of payment must be submitted with reimbursement request.
- \_\_\_\_\_ Only properties located within both the Community Redevelopment Area (CRA) and Downtown Overlay District are eligible for this grant.
- \_\_\_\_\_ All grant recipients must complete a W-9 Tax Form and will receive a 1099 Tax Form for their award.



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**VI. Checklist**

Only completed applications will be accepted, please be sure you submit the following with this application:

- List of all business owners including name, address and telephone number.
- Drawings or renderings of the planned façade improvements, as well as any additional descriptive material.
- Photographs of the project areas in their current condition.
- Itemized list of costs or estimates from a licensed contractor.
- Completed W-9 Tax Form.
- Owner Authorization (If Applicant is not the owner)

**For more information, contact**

Ameé Bailey  
Community Development Director  
[abailey@mylakealfred.com](mailto:abailey@mylakealfred.com)



**VII. Applicant's Signature**

\_\_\_\_\_  
Applicant's Name (Printed or Typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_ who is  personally known to me or  produced \_\_\_\_\_ as identification, this \_\_\_\_\_ day of \_\_, 20 \_\_\_\_\_.

Notary's Signature \_\_\_\_\_

SEAL: