

City of Lake Alfred
120 E. Pomelo Street
Lake Alfred, FL 33850



Phone: (863) 291-5748

www.mylakealfred.com

Community Development

Building | Code Enforcement | Planning | Zoning

**DOWNTOWN COMMERCIAL
FAÇADE IMPROVEMENT GRANT PROGRAM
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]

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:	\$ _____
Parking Lot Improvements	\$ _____
Other: _____	\$ _____
Total Project Cost:	\$ _____
Grant Funds Requested: (See Facade Grant Program)	\$ _____

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:

- _____ Grant applications are accepted between October 1 and December 31 annually. Applications received after December 31 will be considered on a first come first serve basis and be limited to any remaining funds.
- _____ All grant applications must receive approval by the CRA Board to receive reimbursement. Grant applications should be submitted prior to work commencing to ensure funding is available and the work is eligible. Grant applications received for expenses incurred more than a year prior to the application will be ineligible for the program and not considered by the CRA Board.
- _____ The 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 and/or 01-21.
- _____ All applicants understand that reimbursement for “cash receipts” will not be accepted due to auditing requirements - **NO EXCEPTIONS**. You must provide a verification of payment (receipt) for materials and services paid for by check, money order or by credit card.
- _____ All projects must be proper permitted by all applicable City, County, and State agencies prior to the project commencement. This includes City zoning, site plan, and/or building permit approval.
- _____ Only commercial properties located within both the Community Redevelopment Area (CRA) and Downtown Overlay District are eligible for this grant.
- _____ All 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.
- Any required City, County, or State permit approvals.
- 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



VII. Applicant's Signature

Applicant's Name (Printed or Typed)

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: