

WINTER HAVEN

THE CHAIN OF LAKES CITY

Florence Villa CRA Commercial Façade Grant Application
Community Redevelopment Agency
451 Third Street, NW ♦ Winter Haven, FL 33881 ♦ 863-291-5600

APPLICANT INFORMATION	
Business Name:	
Property Address:	
Business Owner/Operator Name:	
Business Mailing Address:	
City, State, Zip:	
Phone:	Email:
Property Owner Name:	
Phone:	Email:
Eligible properties must be located in the Florence Villa CRA. Application will not be considered complete and placed “in line” for funding until all documents listed below have been received. Applications are accepted only while funds are available.	
<u>The following documents must be included with application:</u>	
* Description and sketch of proposed work	* Photographs clearly showing existing conditions
* Timeline for project with estimated start	* Contractor quotes for work – minimum of two (2)

For Office Use

<input type="checkbox"/> Pics <input type="checkbox"/> Proposed work <input type="checkbox"/> Copy of Quotes (min of 2)	Date App Complete/ Rec'd By:	
CRA Approval Date:		Notified applicant:
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Comments/ Conditions of Approval & Amount:	
Check Request Date:		Check #:
Check to be: <input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up		Amount: \$
Pick Up Signature:		
Pick Up Printed Name:		Date:

Commercial Façade Grant Overview

Designed to redevelop the façades of commercial/ non-residential properties in the Florence Villa CRA Area, to aide in improving the economic vitality and vibrancy of the community.

Please review the items below and initial each item for acknowledgement:

Initials

- | | | |
|-------|----|--|
| _____ | 1 | Grants apply only to non-residential structures within the Florence Villa Community Redevelopment Agency (CRA) district. |
| _____ | 2 | The applicant must own the property or have written consent from the property owner(s) to make the proposed improvements |
| _____ | 3 | Proposed changes to the building's façade (front) shall not remove, alter, damage, or cover up significant architectural features of the building. |
| _____ | 4 | Only exterior improvements which can be seen from the public street front will be considered for funding. |
| _____ | 5 | Photographs of the project may be used in future publications by the City. We would appreciate if you share any historical pictures of the building. |
| _____ | 6 | All improvements must meet applicable City codes and ordinances. The applicant is responsible for required permits and fees. |
| _____ | 7 | Expenses will be reimbursed upon completion of work and paid directly to the applicant, not the contractor. All invoices relating to approved work must be documented with proof of payment (see reimbursement process below). |
| _____ | 8 | CRA will reimburse the project costs up to a maximum reimbursement of \$10,000. |
| _____ | 9 | Once approved, funds will be available for six (6) months. If reimbursement is not complete within this time unused funds may be reallocated. An extension may be requested in writing prior to expiration. |
| _____ | 10 | <u>Work shall not commence</u> prior to approval by the Advisory Committee. Any improvements made prior to written or emailed approval notification will be ineligible for funding. |

Approval Process

1. Application is determined to be complete and sufficient by CRA staff as determined within CRA staff's sole and absolute discretion
2. Application scheduled for presentation at the next available Advisory Committee meeting
3. CRA Staff send applicant an email advising of approval or denial
4. If approved, work may begin
5. Work is complete and reimbursement request may be submitted (see below process)

Reimbursement Process

This is a reimbursement grant program and as such once the improvements are complete and paid in full the applicant may submit for reimbursement by emailing or submitting a written request for reimbursement. Please include the following items:

- Completed W-9 form
- Copy of paid invoice or receipt
- Proof of payment (copy of bank/credit card statement)
- Picture of façade improvements
- If reimbursement check is to be mailed or picked up in person

Ineligible Items

- General building maintenance
- Structures that had a Commercial Façade Grant approved in the last five (5) years
- Properties owned by Government or not-for-profit entities, with exception for those paying property taxes.
- Work that is not consistent with the goal of the CRA to remove slum and blight
- Permit fees

Additional Information to Note

Applicant must have a current business tax receipt (BTR). New businesses must have one prior to reimbursement.

Property taxes must be current.

No existing and/or pending Building Code, and/or Code Enforcement/Compliance violations.

All accounts current and in good standing with City of Winter Haven Utilities.

If applicant is not the property owner written consent from the owner must be submitted.

Other relevant information may be requested as deemed necessary by CRA staff, CRA Advisory Committee, and/or CRA Board.

Work requiring a permit must be done by contractors with a current license (DBPR) and a current BTR.

CRA staff reserves the right to determine whether an application is sufficient for proper review and presentation to the appropriate CRA Advisory Committee and/or CRA Board.

The owner will release, hold harmless, and indemnify the CRA and City for work being performed on their property that is associated with this program in a form, format, and/or manner that is approved by the City Attorney.

The property and use must be conforming, AND consistent with the Future Land Use and Zoning classifications.

If nonconforming elements are present the eligible redevelopment authorized under this reimbursement grant program should reduce or eliminate the nonconforming elements.

Under no circumstance may a nonconformity be created or expanded.

The undersigned hereby affirms that he or she has been duly authorized and empowered to verify, execute and deliver this application, that he or she has read this application (including all attachments hereto) and he or she has knowledge of all of the facts stated herein, and that this application, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of his or her knowledge and belief.

Signature: _____ Date: _____

Print Name: _____ Company: _____

Property Owner Authorization

(If different from applicant)

I/we the owner(s) of the property located at _____ are aware of _____ (tenant) applying for a CRA Commercial Façade Grant and hereby give authorization for the tenant to make the improvements described in this application contingent upon approval of the CRA Advisory Committee and/or CRA Board. I understand my property will not be eligible for a grant again for five (5) years.

Signature of Property Owner

Printed Name of Property Owner

Date of Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

Signature Of Notary Public

Typed, Printed or Stamped Name of Notary Public

Stamp & Date My Commission Expires: _____