



**Crescent City**  
Community Redevelopment Agency (CRA)  
Commercial Façade Matching  
Grant Program

**1. APPLICANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Legal Form:          Sole Proprietorship           Partnership   
   Corporation: Profit

In which State are the incorporation and/or organization documents filed?

\_\_\_\_\_

Social Security Number/Tax Identification Number: \_\_\_\_\_

**2. BUILDING/BUSINESS TO BE IMPROVED**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Legal Description: \_\_\_\_\_

Property Tax Parcel Number: \_\_\_\_\_

**3. OWNER OF PROPERTY (if not applicant)**

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**4. AUTHORIZATION TO UNDERTAKE WORK**

If the applicant is not the owner of the property, provide written evidence that the owner authorizes this work to be undertaken. (Typically a lease or other written permission that shows the owner has read the program guidelines and understands the conditions and restrictions.)

Staff Use Only: Application Approved ( Y / N ) Date: \_\_\_\_\_ By: \_\_\_\_\_

**5. BRIEF DESCRIPTION OF PROPOSED EXTERIOR IMPROVEMENTS**

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**6. ESTIMATED COST OF WORK FROM BIDS RECEIVED**

Bid:

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Bid Amount for Total Work: \$\_\_\_\_\_.\_\_\_\_\_

**7. SOURCE OF MATCHING FUNDS**

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**8. INVESTMENT VALUE OF WORK BEING PERFORMED BY APPLICANT**

Include the total cost estimate of all work being performed at the business, both exterior and any interior improvements being made. \$\_\_\_\_\_.\_\_\_\_\_

**9. ACKNOWLEDGEMENTS**

- I have read and understand the program guidelines and criteria
- I have attached a copy of my current business license to this document
- I have attached a copy of my current property insurance
- To the best of my knowledge the business and the property are current on all local, state and federal taxes
- I have attached a copy of the scope of work and available drawings or sketches
- I understand that final approval must come from all City departments concerned with any improvement and that award of the grant by the CRA does not guarantee approval of the project. The applicant must meet all City requirements and codes.

## **CERTIFICATION BY APPLICANT**

The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a 50/50 grant and is true and complete to the best of the applicant's knowledge and belief.

If the applicant is not the owner of the property to be rehabilitated, or if the applicant is not the sole owner of the property, the applicant certifies that he/she has the authority to sign and enter into an agreement to perform the rehabilitation work on the property. Evidence of this authority must be attached.

The CRA is dedicated to promoting and encouraging diversity in the programs that it supports or funds. Successful applicants in the CRA Business Façade Matching Grant Program are encouraged to contact contractors that are certified minority owned or small businesses.

Verification of any information contained in this application may be obtained by the CRA from any available source.

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**Applicant Signature Date**

**Please return a copy of this completed application along with any supporting documentation to the CRA.**

Patrick Kennedy  
City Manager  
Crescent City  
3 North Summit Street  
Crescent City, Florida 32112  
Phone: 386.698.2525  
Email: [citymanager@crescentcity-fl.com](mailto:citymanager@crescentcity-fl.com)