



CITY OF CLERMONT
COMMUNITY REDEVELOPMENT AGENCY
GRANT INCENTIVE APPLICATION

This application, along with all required information should be submitted to:
 Curt Henschel, Development Services Director
 City of Clermont
 685 W. Montrose Street
 Clermont, Florida 34711

Application Date	Application Number (Assigned by CRA Staff)
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PART I: APPLICANT INFORMATION

Name

Address	City	State	Zip
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Telephone	Fax
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E-mail

PART 2: PROPERTY OWNER (If same as applicant, go to Section III)

Name

Address	City	State	Zip
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Telephone	Fax
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E-mail

PART 3: PROPOSED PROJECT

Project/Business Name

Address	City	State	Zip
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FAÇADE IMPOVEMENT

 BUILDING CODE ASSISTANCE

 FOOD-RELATED SERVICES

- A. Is the project within the Community Redevelopment Area? Yes No
- B. **Project General Description. Please provide the following:**
1. **Color photographs clearly showing existing condition of the façade, neighboring buildings, and rear entrances. Historic photos if available.**
 2. **Exact description of the work required for building code compliance or upgrades to structure or unit needed. Specify interior or exterior. (If applicable)**
 3. **Paint color samples for all colors planned. (If applicable)**
 4. **Awning fabric and color sample. (If applicable)**
 5. **Attach site plan and/or sketch plans and specifications detailing the scope of work.**
 6. **Licensed Contractor – Three (3) written quotes to be used for projects up to \$25,000. Projects over \$25,000 must be bid.**

C. If applying for the Food-Related Services Grant, please fill out the following:

What type of food relate business is being proposed? _____

Hours of operation? _____

Proposed seating capacity of the restaurant? _____

Will there be outdoor seating? Yes No

D. Cost of Required Structural/Code improvements, if any (attach itemized list and cost estimates).

E. Total cost of improvements (attach itemized list and cost estimates).

F. Dollar amount requested

G. Applicant cost (minimum 50% of dollar amount requested):

H. Percent of total financial commitment by applicant (Applicant cost ÷ Total cost) for planned improvements. _____ %

PART 4: SATISFACTION OF GRANT CRITERIA

Explain in written detail on a separate sheet; how your proposal meets each one of the listed criteria set forth in the Facade Improvement Grant Guidelines. By filing this application, the Applicant agrees and understands that this grant is given at the sole discretion of the Clermont CRA and these criteria are used solely to evaluate Applicant's project and do not create an entitlement to funding.

ANY COST FOR WORK PREVIOUSLY COMPLETED PRIOR TO AN APPROVED APPLICATION CANNOT BE REIMBURSED UNDER ANY CIRCUMSTANCE. DO NOT START ANY PHYSICAL RENOVATIONS UNTIL AFTER FINAL APPROVAL BY THE CITY/CRA, COMPLETION OF THE CONTRACT WITH THE CITY & NOTICE TO PROCEED HAS BEEN ISSUED.

In addition, any grant funding award is on a first come, first served basis. Application funding shall be in accordance with the established Food-Related Service Grant criteria, City Land Development Codes and the approved Architectural Standards for the City.

PART 5: CERTIFICATION

Applicant hereby certifies under penalty of perjury, that all information provided is complete, current, accurate and truthful.

Signature

Date

Print

STATE OF FLORIDA; COUNTY OF LAKE:

The foregoing instrument was acknowledged before me, **by means of** **physical presence** or **online notarization**, this _____ day of _____, _____ (year), by _____ who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument, and who did take an oath.

Signature of Notary Public – State of Florida

My commission expires:

(Print, type, or stamp commissioned name of Notary Public)