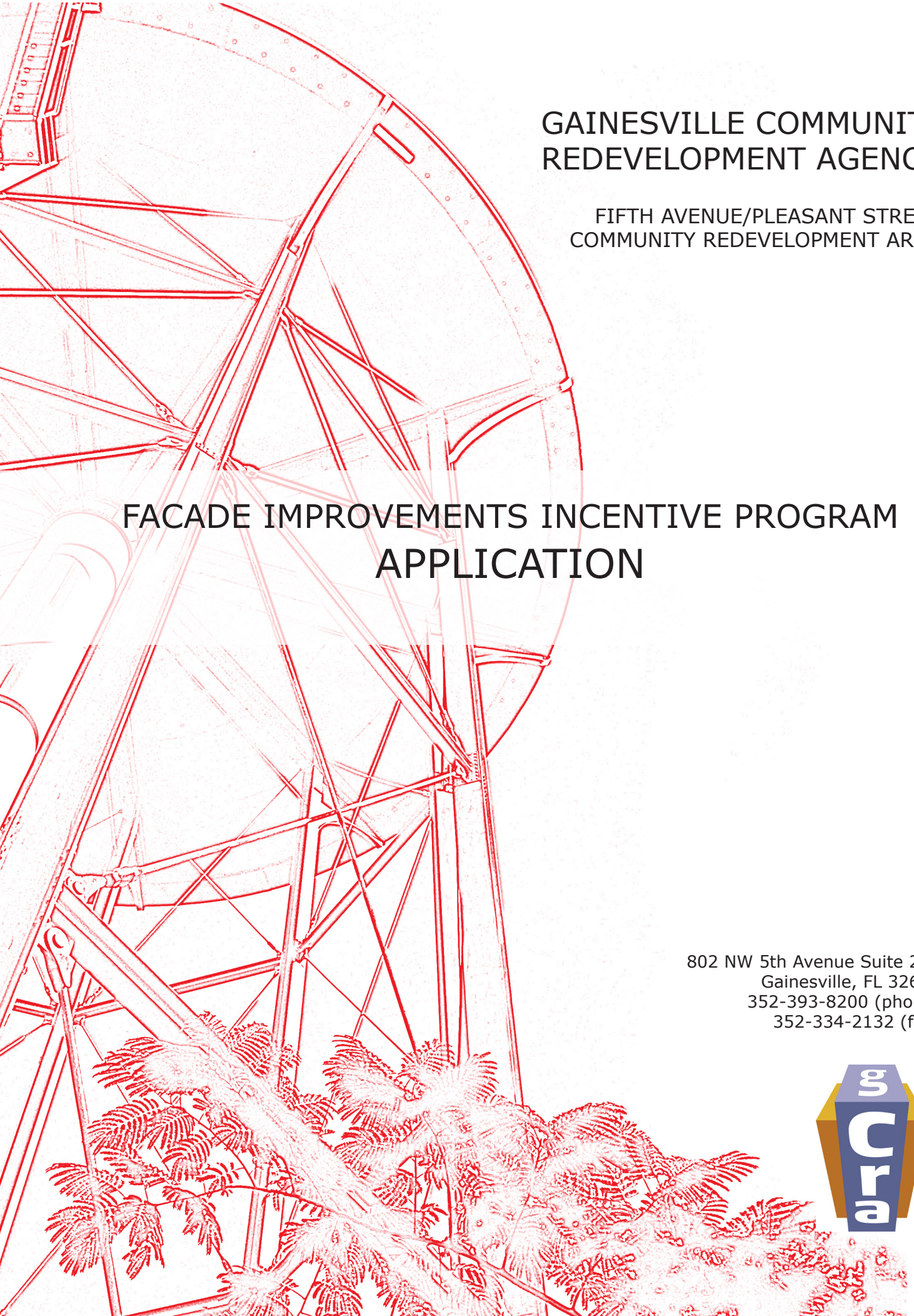

GAINESVILLE COMMUNITY REDEVELOPMENT AGENCY

FIFTH AVENUE/PLEASANT STREET
COMMUNITY REDEVELOPMENT AREA

FACADE IMPROVEMENTS INCENTIVE PROGRAM
APPLICATION

802 NW 5th Avenue Suite 200
Gainesville, FL 32601
352-393-8200 (phone)
352-334-2132 (fax)

FACADE IMPROVEMENTS INCENTIVE PROGRAM GRANT APPLICATION

SECTION 1: APPLICANT INFORMATION

Your Name:_____ Name of Business:_____

Mailing Address: _____
Street City State Zip Code

Telephone:_____ E-Mail:_____

Has this applicant has already received a CRA façade grant within the last 12 months and this application is for supplemental funding? ☐ yes ☐ no

If you are not the Building Owner, please complete Section 2 below.

SECTION 2: BUILDING OWNER INFORMATION

Owner Name:_____

Mailing Address: _____
Street City State Zip Code

Telephone:_____ E-Mail:_____

SECTION 3: BUILDING INFORMATION

Building Address: _____
Street City State Zip Code

SECTION 4: SELECTION CRITERIA

Please check all that apply:

- ☐ Is the project physically located along NW 5th Ave (10 points) or NW 8th Ave? (3 points)
- ☐ Does the project remove opaque window coverings or signage? (3 points)
- ☐ Is the project expected to transform the building from worst case to best case? (5 points)
- ☐ Does the project advance an appropriate style for this building? (3 points)
- ☐ Does the project provide improvements to an historic building? (7 points)
- ☐ Does the project preserve or restore original decorative building elements? (3 points)
- ☐ Is the project needed to attract or retain one of the following occupants: restaurant/café, retail, office (5 points)
- ☐ Is the project part of a complete restoration that returns a vacant storefront of upper story space to productive use? (5 points)
- ☐ Does the project correct code deficiencies related to the façade? (3 points) Please explain._____

_____

- ☐ Does the project include environmentally sustainable features, materials, and/or practices? (5 points)
- ☐ Is the project a new façade project at the site, as opposed to a supplemental grant request? (3 points)
- ☐ Does the project include removing non-original cladding materials covering the facade? (3 points)

An additional 1 point is given for the following individual improvements: (1 point each)

☐ Painting	☐ Awning repair/replacement	☐ Window repair/replacement
☐ Door repair/replacement	☐ Landscaping	☐ Signage
☐ Lighting	☐ Repairing masonry	☐ Repairing woodwork/metal work
☐ Power Washing	☐ Removing old wiring	☐ Exterior lighting

☐ Other (explain) _____

SECTION 5: CONTRACTOR'S COST ESTIMATES

You must attach at least two cost estimates from different contractors for all categories of work. All estimates must include identical scopes of service. If applicable to the selected prime contractor, attach copies of contractor's
general liability insurance certificate and contractor's license.

Please list the contractor selected for this project.

Name of Contractor #1:_____Cost Estimate: $_____

Name of Contractor #2:_____Cost Estimate: $_____

SECTION 6: ACKNOWLEDGEMENTS AND SIGNATURES

By signing and submitting this application, the Building Owner and Applicant certify, attest and acknowledge that I/we:

1. Have been provided a copy of and have read, understand and will comply with the Façade Improvement Grant Program Guidelines.

2. Affirm that the Building has no existing code violations and the Building Owner or Applicant is not named in any outstanding code enforcement liens.

3. Understand that the Program will pay a portion of the project costs to be completed and I/we are responsible for any remaining costs or overages. Further understand that failure to comply with the guidelines will result in ineligibility for reimbursement under this Program.

4. Have chosen and approve of the contractors and the scope of work as listed in this application.

5. Understand that the CRA's liability under this Program shall be solely limited to payment to the Applicant up to the amount of the award for the total actual project costs approved in advance by the CRA for work completed in accordance with the Guidelines. Further understand that the CRA expressly disclaims any other liability, warranty or guarantee, express or implied, for the work completed by the contractor.

6. Upon completion of the project and inspection, and prior to disbursement of grant funds by the CRA the applicant agree to execute and deliver to the CRA an Affidavit of Completion and a Façade Preservation Easement (in the form attached hereto as Exhibit "A") signed by the Building Owner, along with color photographs of the existing building showing all exterior sides of the building after the project is completed. Understand that the purpose of the Easement is to ensure that the Owner maintains the project work in good condition and without material change for a period of 5 years. The CRA will record the executed Easement and return a copy to the Owner.

7. Understand that approval under this Program does not constitute a permit or approval of the City and that the Owner or contractor is responsible for obtaining such permits, if required, by the City or any other governmental entity.

8. Understand that the CRA does not discriminate on the basis of race, color, gender, age religion, national origin, martial status, sexual orientation, gender identity, or disability (protected characteristics) and will not tolerate any such discrimination by or against its employees or citizens utilizing CRA programs.

9. Certify that all information in the application, and all information furnished in support of this application, is true and complete to the best of my/our knowledge and belief. I/we understand that I/we have a continuing obligation to inform the CRA (in writing) of any changes to the information provided in this application. I/We understand that verifications of this information may be obtained by the CRA.

10. If approved by the FAPS Advisory Board, this application shall constitute a binding agreement between the CRA, the Applicant and the Building Owner.

_____ _____

Signature of Building Owner Date

STATE OF _____, COUNTY OF_____

The foregoing instrument was acknowledged before me this_____day of _____, 20_____,

by _____, who is personally known to me or who has produced

_____as identification.

Notary Public, State of_____ Affix Stamp

_____ _____

Signature of Applicant Date

STATE OF _____, COUNTY OF_____

The foregoing instrument was acknowledged before me this_____day of _____, 20_____,

by _____, who is personally known to me or who has produced

_____as identification.

Notary Public, State of_____ Affix Stamp

Your application must include all of the following:

1. Proof of building ownership or letter of consent from the owner. Copies of deeds and county tax records will be accepted as proof.
2. Photograph of the existing building showing exterior conditions.
3. Sketches and/or elevations of proposed improvements, including colors.
4. Description of materials to be used.
5. Two cost estimates from two different sources. Scopes of service from each contractor must be identical.
6. Copy of selected contractor's general liability insurance certificate and contractor's license.

Return complete application by mail or in person to:
Gainesville Community Redevelopment Agency
ATTN: FAPS Facade Grant Program
802 NW 5th Ave Suite 200
Gainesville, FL 32601

FOR CRA USE ONLY: DO NOT WRITE IN THIS SECTION

Date & Time Complete Application Received:_____

Advisory Board Review Date:_____

Received by (print name):_____

Proof of ownership attached?	☐ Yes	☐ No
Photographs attached?	☐ Yes	☐ No
Description of materials attached?	☐ Yes	☐ No
Sketches and/or elevations attached?	☐ Yes	☐ No
Contractor estimates attached?	☐ Yes	☐ No
Contractor insurance attached?	☐ Yes	☐ No
Copy of business license attached?	☐ Yes	☐ No
Approved by Advisory Board	☐ Yes	☐ No

If no, state reason for denial:_____

_____