



City of Jacksonville, Florida

Lenny Curry, Mayor

City Hall at St. James
117 W. Duval St.
Jacksonville, FL 32202
(904) 630-CITY
www.coj.net

ONE CITY. ONE JACKSONVILLE.

FAÇADE RENOVATION MATCHING GRANT PROGRAM APPLICATION

Funding is subject to availability.

(Please type or print legibly.)

I. APPLICANT INFORMATION OWNER TENANT

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Number _____

II. BUSINESS INFORMATION

Name _____ EIN# _____

Owner's Name _____

Property Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____ Website _____

BUSINESS LOCATED IN AN ECONOMICALLY DISTRESSED AREA (EDA): ___ Yes ___ No

If yes, ___ Level 1 or ___ Level 2 (to be determined by staff)

TYPE OF LEGAL ENTITY:

() Sole Proprietorship () Partnership/Joint Venture () Corporation () Limited Liability Corporation

STATE OF INCORPORATION (if applicable) _____

DATE COMPANY ESTABLISHED _____ **NUMBER OF YEARS IN BUSINESS** _____

III. PROJECT INFORMATION

Project Start Date _____ Project End Date _____

Please specify costs for work items as categorized below. Please submit two quotes from two different vendors for itemized work to be completed.

Eligible Activity		Description of Improvements	Amount
Painting and Cleaning	<input type="radio"/>		\$
Repair and/or replacing _____ Awnings _____ Cornices _____ Decorative details _____ Doors _____ Entrances _____ Windows	<input type="radio"/>		\$
Staining and Masonry Repairs	<input type="radio"/>		\$
Signage Installation	<input type="radio"/>		\$
Decorative Fencing (not chain link)	<input type="radio"/>		\$
Landscaping elements required by City Code – Ch. 656 Zoning Code – Part 12	<input type="radio"/>		\$
Permanently affixed exterior lighting	<input type="radio"/>		\$
		Total Project Cost	\$

Applicant’s Funding \$ _____

Total Program Funding Requested \$ _____

Have you received any grant or loan funding assistance from the City of Jacksonville in the past five years? _____ Yes _____ No

If yes, please provide descriptions and amounts received:

IV. SIGNATURES AND PUBLIC INFORMATION DISCLOSURE

Please read the following questions and statements below. Please sign the application form in order for it to be processed. If there are any questions, please call the Office of Economic Development at 630-1858. **If you answer “yes” to a question, then furnish details in the space below. Include dates, location, sentences, whether misdemeanor or felony, dates of parole/probation, unpaid fines or penalties, name(s) under**

which charged, and any other pertinent information. An arrest or conviction record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied.

1) Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? Yes No

Comment: _____

2) Have you been arrested in the past six months for any criminal offense? Yes No

Comment: _____

3) For any criminal offense – other than a minor vehicle violation – have you ever: a) been convicted; b) plead guilty; c) plead nolo contendere; d) been placed on pretrial diversion; or e) been placed on any form of parole or probation (including probation before judgment)? Yes No

Comment: _____

The undersigned warrants that the information contained in this application (and any supplemental information) is, to the best of my knowledge, true and correct. The undersigned further understands that the use of this information is only for consideration of the Façade Renovation Grant Program. I acknowledge that I have received, read and will comply with the guidelines of this program. The undersigned grants authorization to verify any answers contained herein.

If the Grant is approved, the undersigned warrants that they have the matching funds available to complete the project as envisioned in the application. The undersigned understands and agrees that all information furnished in connection with this application for the Façade Renovation Grant Program involves the use of public funds as such may be made public pursuant to the statues of the United States of America, the State of Florida and the City of Jacksonville, Florida.

Applicant/Business Owner Signature _____ Date _____

Print Name _____

Applicant/Business Owner Signature _____ Date _____

Print Name _____

Property Owner Signature _____ Date _____

Print Name _____

OWNER’S AFFIDAVIT OF CONSENT

State of Florida
County of Duval

Before me, the undersigned authority, this day personally appeared

Who, duly sworn, upon oath, deposes and says:

1. That he is the duly authorized representative of owner requesting approval of façade renovation grant for the property described below.
2. That all owners that he represents have given their full and complete permission for him to act in their behalf for the above stated request.
3. That the following description set forth in this document is made a part of this affidavit and contains the current names, mailing addresses and legal descriptions for the real property, of which he is the owner or representative.
4. That I acknowledge the applicant’s request for funding to make alterations to the property and understand that recommendations may be made by the City’s departments when appropriate, in connection with this funding request. I, therefore, give my consent to the project described in this application.

Further Affiant sayeth not.

Signature _____

PROPERTY DESCRIPTION

PROPERTY ADDRESS

Sworn to and Subscribed before me

This _____ day of _____, 20_____

Notary Public, State of Florida at Large

My Commission Expires: _____