

**CITY OF JACKSONVILLE
MONCRIEF/MYRTLE AREA BUSINESS IMPROVEMENT PROGRAM
GRANT APPLICATION**

Funding eligibility is subject to application evaluation and availability.

(Please type or print legibly.)

I. APPLICANT INFORMATION

Property Owner

Business Owner

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Number _____

II. BUSINESS INFORMATION

Name _____ EIN# _____

Property Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____ Website _____

TYPE OF LEGAL ENTITY:

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

STATE OF INCORPORATION (if applicable) _____

DATE BUSINESS/COMPANY ESTABLISHED _____

NUMBER OF YEARS IN BUSINESS _____

DESCRIBE ANY PROPERTY IMPROVEMENTS (INTERIOR OR EXTERIOR) MADE IN THE PAST TWO YEARS (include costs): _____

BRIEFLY DESCRIBE THE PROPOSED PROJECT (include unique details):
 (Additional pages/drawings are encouraged to be included.)

III. PROJECT INFORMATION

Estimated Project Start Date _____ Estimated Project End Date _____

Please specify costs for work items as categorized below. Contractor quotes for the itemized work to be completed are encouraged and may result in project funding.

Eligible Activity		Description of Improvements	Amount
Exterior Painting and Cleaning	<input type="radio"/>		\$
Exterior Repair and/or Replacing ___ Awnings ___ Cornices ___ Decorative details ___ Doors ___ Entrances ___ Windows	<input type="radio"/>		\$
Exterior 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"/>		\$
Any additional exterior building Capital Expenses	<input type="radio"/>		
		Total Project Cost	\$

Applicant’s Contribution to the Project Funding \$ _____

Total Requested City Funding \$ _____

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 255-5444. **If you answer “yes” to a question, then furnish details in the space below. An untruthful answer will cause your application to be denied.**

- 1) Is the exterior portion of the building you are seeking grant funding to make improvements facing the sidewalk or a public street? _____ Yes _____ No
- 2) Do you presently have any outstanding taxes or fees owed to the City? If yes, please describe the nature of the taxes or fees owed, the year in which the taxes or fees became delinquent, the name in which the taxes or fees are owed, and the property or properties they were assessed against, as applicable. _____ Yes _____ No

Comment: _____

- 3) Is the applicant/property owner, the property on which this project is located, or any other property owned by the applicant/property owner listed in this application subject to any outstanding or unresolved judgments, municipal/state/federal code citations, violations, liens or other compliance issues? If yes, please describe the nature of the outstanding issues, violations or citations and the efforts being undertaken to resolve them.
_____ Yes _____ No

Comment: _____

- 4) Are you presently involved in active litigation with the City of Jacksonville? If yes, please explain.
_____ Yes _____ No

Comment: _____

- 5) Do you have a current Business Tax Receipt (BTR) from the City of Jacksonville? If yes, please provide a copy.
_____ 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 a request of funds through the Moncrief/Myrtle Area Business Improvement 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 this application. The undersigned understands and agrees that all information furnished in connection with this application for a Moncrief/Myrtle Area Business Improvement Program grant involves the use of public funds and as such said information may be made public pursuant to the laws of the United States of America, the State of Florida, and/or the City of Jacksonville.

Applicant/Business Owner Signature _____ Date _____
Print Name _____

Property Owner Signature _____ Date _____
Print Name _____

OWNER’S AFFIDAVIT OF CONSENT

State of _____
County of _____

Before me, the undersigned authority, this day personally appeared

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

1. That I am the duly authorized representative of the owner requesting Moncrief/Myrtle Area Business Improvement Program grant funding for the property described below.
2. That all owners I represent have given their full and complete permission for me to act on their behalf for this application.
3. That the description set forth below is made a part of this application and contains the current names, mailing address(es), and legal description(s) for the real property that is the subject of this application for grant funding, of which I am the owner or duly authorized representative.
4. That I acknowledge this request for funding to make alterations to the below-described property and understand that recommendations may be made by City departments as appropriate, in connection with this funding request. I, therefore, give my consent to the project described in this application.

Further Affiant sayeth not.

Signature _____ Print/Type Name _____

Date: _____

PROPERTY DESCRIPTION

PROPERTY ADDRESS

Sworn to and subscribed before me by means of physical presence or online notarization, this _____, day of _____, 20____, by _____, who is personally known to me or has produced identification and who took an oath.
Type of identification produced _____.

Notary Public Signature

[NOTARY SEAL]

Printed/Typed Name – Notary Public

My commission expires: _____