

**Renew Arlington Mandatory Compliance Grant Program
FENCING APPLICATION**

Funding is subject to availability and offered solely on a reimbursement basis.

(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 _____

APPLICATION REQUIREMENTS:

Application requirements are stated in the Renew Arlington Mandatory Compliance Grant Program (MCGP) Guidelines.

BUSINESS LOCATED IN THE RENEW ARLINGTON CRA: ___ Yes ___ No

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** _____

HAVE YOU USED THIS PROGRAM ON OTHER PROPERTIES WITHIN THE RENEW ARLINGTON CRA? ___ Yes ___ No

If yes, state the program utilized and the address of the project: _____

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.

Fencing (City will fund for removal and replacement as stated in the MCGP Guidelines) A rendering with site plan illustrating fence location is required.

Eligible Activity		Description of Improvements	Amount
Fencing Installation/Replacement	<input type="radio"/>		\$
Fencing Removal	<input type="radio"/>		\$
Other	<input type="radio"/>		\$
		Total Project Cost	\$

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 255-5449. **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
- 2) Have you been arrested in the past six months for any criminal offense? ____ Yes ____ No
- 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

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 Renew Arlington Mandatory Compliance 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 Renew Arlington Mandatory Compliance 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 _____

Unless the property owner is the applicant, the notarized Owner's Affidavit of Consent must be completed as follows:

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 the MCGP 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 improvements must be in compliance with the Zoning Overlay and recommendations may be made by the City's departments when appropriate, in connection with this funding request.
5. I understand that I must enter into an executed legal Agreement with the City with terms before project commencement. 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: _____