



A NEW DAY.

# City of Jacksonville, Florida

**Donna Deegan, Mayor**

Office of Economic Development  
117 W. Duval St., Suite 275  
Jacksonville, FL 32202  
(904) 255-5444  
[www.jaxdevelopment.org](http://www.jaxdevelopment.org)

## 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** \_\_\_\_\_

August 2018

### 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:

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### 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. Include dates, location, sentences,**  
August 2018

**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 statutes 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: \_\_\_\_\_