



**City of Coral Springs
Community Redevelopment Agency (CRA)
Commercial Enhancement Grant Program
Application Form**

1. APPLICANT

Name: _____

Address: _____

_____ Zip _____

Contact Name: _____ Phone Number: _____

Email: _____ Fax Number: _____

Legal Form: Sole Proprietorship Partnership

Corporation: Profit Non-Profit

In which State are the incorporation and/or organization documents filed?

Tax Identification Number: _____

2. BUILDING/BUSINESS TO BE IMPROVED

Name: _____

Address: _____

_____ Zip _____

Legal Description: _____

Property Tax Parcel Number: _____

3. OWNER OF PROPERTY (if not applicant)

Name: _____

Contact Name: _____

Address: _____

_____ Zip _____

Phone Number(s): _____

Staff Use Only: Application Approved (Y / N) Date: _____ By: _____

4. AUTHORIZATION TO UNDERTAKE WORK

If the applicant is not the owner of the property, provide written evidence in the form included on page 5 of this application that the owner authorizes this work to be undertaken.

5. BRIEF DESCRIPTION OF PROPOSED EXTERIOR IMPROVEMENTS

Assistance is requested to complete the following improvements (check all that apply):

- ____ Doors and Windows (front only) Cost of Project: _____
 - ____ Lighting (____ front / ____ rear) Cost of Project: _____
 - ____ Landscaping (____ front / ____ rear) Cost of Project: _____
 - ____ Enclosures (rear only) Cost of Project: _____
 - ____ Signs (front only) Cost of Project: _____
 - ____ Painting (entire exterior) Cost of Project: _____
- TOTAL PROJECT COST: _____**

6. ESTIMATED COST OF WORK FROM BIDS RECEIVED *(Applicant may make multiple copies of this page if the applicant is acting as their own General Contractor and more than one type of work is being performed. List each type of work separately under item 5 and enter the required bids below.)*

Bid #1:

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Bid Amount for Total Work: \$ _____.

Bid #2:

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Bid Amount for Total Work: \$ _____.

7. SOURCE(S) OF ADDITIONAL FUNDING

8. INVESTMENT VALUE OF WORK BEING PERFORMED BY APPLICANT

Include the total cost estimate of all work being performed at the business, both exterior and any interior improvements being made. \$ _____.

8. ACKNOWLEDGEMENTS

- I have read and understand the program guidelines and criteria.
- The business and the property are current on all local, state and federal taxes.
- The business and the property does not have outstanding judgment liens, code violations, delinquent taxes, water bill, and/or be exempt from ad valorem property taxes.
- I understand that final approval must come from all City departments concerned with any improvement and that award of the grant by the CRA does not guarantee approval of the project. The applicant must meet all City requirements and codes.

Please Attach the Following:

- Copy of executed commercial lease OR warranty deed.
- Complete description of project (include samples of paint chips, materials used, etc.).
- Detailed budget for entire renovation project and all associated plans and renderings.
- Verification of approved site plan modification application from City of Coral Springs.
- Photographs of the existing conditions of the property.
- Executed Program grant agreement.
- Two professional estimates for all work to be completed under the grant request (FL licensed).
- Proof of current property taxes, both City and County.

CERTIFICATION BY APPLICANT

Please read the section below carefully. After you have read the program guidelines for the requested funding assistance program, sign the form below and submit your completed application to the CRA office.

I, the undersigned, being a principal of the business applying for funding assistance from the Coral Springs Community Redevelopment Agency, hereby certify that the business represented herein is a legally operating business and is or will be located within the Downtown Merchants Pilot Program Area in the City of Coral Springs Community Redevelopment Area.

I understand that this application is not a guarantee of assistance. Should my application be approved, I understand that I am committing to completing the project I have represented in this application, and to obtaining a Certificate of Occupancy or the necessary satisfactory inspection notices signifying that any improvements have been done in accordance with city ordinances and codes. I agree to maintain a valid Coral Springs business tax receipt at all times, and to obtain all necessary City approvals prior to beginning any work. I understand that a failure to do so may jeopardize my ability to receive CRA funding under any funding assistance program.

I understand that any proposed improvement project as represented in this application must receive CRA board approval before any construction begins in order to be eligible for reimbursement.

I understand and agree that neither the CRA nor the City assume responsibility or liability to me or any other part for any action or failure of any contractor or other third party and in no way guarantee any work to be done or material to be supplied. I further agree to hold the CRA and the City harmless from and indemnify them for and against any and all claims which may be brought or raised against the CRA, the City, or any of its officers, representatives, agents or agencies regarding any matters relevant to the participant obligations under the Program.

I have read the program guidelines in their entirety and by signing below accept the terms of the program. I understand that if this application is incomplete, contains false information or is not accompanied by the necessary documents, it will not be processed.

Applicant Signature

Date

Please return a copy of this completed application along with any supporting documents to the address below:

Coral Springs Community Redevelopment Agency (CRA)
9500 W. Sample Road
Coal Springs, FL 33065

For additional information please contact:

Danielle Lima
CRA Administrator
Phone: 954-344-1121
Email: dlima@coralsprings.org

**Commercial Enhancement Grant Program
Property Owner Authorization**

I, _____, understand that
_____, a leaseholder of my property located at

_____ is considering improvements under the City of Coral Springs Community Redevelopment Agency Commercial Enhancement Grant Program, hereinafter referred to as "Program." For the purposes of this authorization, hereinafter the Community Redevelopment Agency shall be referred to as "CRA" and the City of Coral Springs as "City".

I have received and reviewed the Program guidelines and reviewed the application submitted by my tenant. I agree to permit the proposed improvements to my building. I understand that I am not financially responsible to complete these improvements under the Program.

I understand and agree that neither the CRA nor the City assume responsibility or liability to me or any other part for any action or failure of any contractor or other third party and in no way guarantee any work to be done or material to be supplied.

I further agree to hold the CRA and the City harmless from and indemnify them for and against any and all claims which may be brought or raised against the CRA, the City, or any of its officers, representatives, agents or agencies regarding any matters relevant to the participant obligations under the Program.

I assure the CRA and the City that the tenant holds a valid lease with no expiration pending within the next twenty-four months following the date of application for Program funding. I assure that the property does not have outstanding judgment liens, code violations, delinquent taxes, water bill, and/or be exempt from ad valorem property taxes.

I have read the above statements and acknowledge that they are true and complete to the best of my knowledge. I have no objection to the applicant pursuing the proposed improvements project, and I authorize the leaseholder to make the proposed improvements under the provisions of the Program.

Property Owner Signature

Date

STATE OF FLORIDA
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