



City of Tarpon Springs, Florida

324 E. PINE STREET
P.O. BOX 5004
TARPON SPRINGS, FL 34688-5004
(727) 938-3711

GREEKTOWN TRADITIONAL CULTURAL PROPERTY DISTRICT FAÇADE IMPROVEMENT GRANT APPLICATION FORM

Reimbursable Grant – Application Must Be Approved Prior to Commencement of Work

I. Applicant / Business Information

Please type or print

Applicants' Name: _____

Mailing Address: _____

City / State / Zip Code: _____

Phone / Email: _____ / _____

Property Address: _____

City / State / Zip Code: _____

Business Name:* _____

Business Owner: _____

City / State / Zip Code: _____

Phone / Email: _____ / _____

Property Owner: _____

Mailing Address: _____

City / State / Zip Code: _____

Phone / Fax / Email: _____ / _____ / _____

**If the business is a partnership, attach a sheet listing name, address, and telephone number of each partner.*

**If the business is a corporation, attach a sheet listing name, address, and telephone number of each shareholder and officer who owns any portion of the corporate stock. Publicly held companies are exempt.*

**If the applicant is not the owner, attach a sheet providing owner's approval with signature.*

III. Cost of the Façade Improvements

Please provide cost estimates for the planned façade improvements.

Architectural Façade Renovation:	\$ _____
Replacement or Installation of Windows and/or Doors:	\$ _____
Replacement or Installation of Permanent Awnings:	\$ _____
Structural Alterations or Accessibility Improvements:	\$ _____
Landscaping and Irrigation:	\$ _____
Other: _____	\$ _____
Total Project Cost:	\$ _____
Grant Funds Requested: (See page 3 for grant limits)	\$ _____

Please attach an itemized listing of costs or estimates from a licensed contractor.

IV. Applicant's Acknowledgements

Please read and initial all of the following:

- _____ **ALL GRANT APPLICATIONS MUST RECEIVE APPROVAL BY THE TECHNICAL REVIEW COMMITTEE (TRC) BEFORE ANY CONSTRUCTION CAN COMMENCE. No grants will be approved on an application if work has been started or completed.**
- _____ All grant applications for buildings/properties within the Historic District must receive all applicable Certificates of Approval (CA) from the Heritage Preservation Board (HPB) before any construction can commence. No grants will be awarded on an application if work has been started or completed.
- _____ All applicants will be required to present proper permitting through the Development Services Department before any application will receive an "approved" grant award. This includes any changes required to obtain a building permit. Variances and/or zoning change requests must be handled prior to award approval.
- _____ All applicants that are awarded a grant understand that when submitting for reimbursement that "cash receipts" will not be accepted due to auditing requirements - NO EXCEPTIONS. You must pay for materials and services by check, money order or by credit card. Verification of payment must be submitted with reimbursement request.
- _____ All grant recipients must complete a W-9 Tax Form and will receive a 1099 Tax Form for their award.

V. Funding

Under this grant program the applicant may request up to \$5,000 for exterior improvements.

PLEASE NOTE: Grant funds can be used for up to 50% of total project costs, not to exceed \$5,000. To ensure an efficient reimbursement, please make certain that the applicant name and/or business name on this application matches the name on the method of payment used. For example, if John Smith is applying for a grant, John Smith's name should appear on proof of payment provided to the City, not a corporate or other business name.

VI. Checklist

Only completed applications will be accepted, so please be sure you submit the following with this application:

- List of all business owners including name, address and telephone number.
- Drawings or renderings of the planned façade improvements, as well as any additional descriptive material.
- Two (2) current photographs of the façade in its current condition sent by email to klemmons@ctsf.us
- Itemized list of costs or estimates from a licensed contractor.
- Completed W-9 Tax Form.

VII. Applicant's Signature

Applicant's Name (Printed or Typed)

Date

Applicant's Signature

Date

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me by _____ who is personally known to me
or produced _____ as identification, this _____ day of _____, 20_____.

Notary's Signature _____

SEAL: