

City of Lake Alfred  
120 E. Pomelo Street  
Lake Alfred, FL 33850



Phone: (863) 291-5748

[www.mylakealfred.com](http://www.mylakealfred.com)

**Community Development**

Building | Code Enforcement | Planning | Zoning

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**FACADE IMPROVEMENT GRANT PROGRAM  
APPLICATION**

The Facade Improvement Grants are intended for the rehabilitation and restoration of properties owned or operated by commercial businesses; civic, educational, non-profit organizations, and faith-based organizations; and/or multi-unit residential buildings. The CRA hopes to incentivize visible improvements that will site aesthetics increasing the marketability and value of properties in the Downtown Area.

**I. General Information**

**Property Address:** \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ / \_\_\_\_\_

**Applicants' Name:** \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ / \_\_\_\_\_

**Entity Name:\*** \_\_\_\_\_

Business Owner: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ / \_\_\_\_\_

**II. Description of Requested Grant Improvements**

Please provide a brief description of the planned façade improvement: [attach sheets as necessary]

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**III. Applicant’s Acknowledgements** Please read and initial all of the following:

- \_\_\_\_\_ Grant applications will be accepted until January 31, 2023. Applications received after the initial deadline will be considered on a first come first serve basis and be limited to any remaining funds.
- \_\_\_\_\_ All grant applications must receive approval from the CRA Board to receive reimbursement. Grant applications should be submitted prior to work commencing to ensure funding is available and the work is eligible. Grant applications received for expenses incurred more than a year prior to the application will be ineligible for the program and not considered by the CRA Board.
- \_\_\_\_\_ The applicant agrees to utilize any grant funds received in strict conformance with the guidelines set forth by the Community Redevelopment Agency.
- \_\_\_\_\_ All applicants understand that reimbursement for “cash receipts” will **NOT** be accepted due to auditing requirements - **NO EXCEPTIONS**. You must provide verification of payment (receipt) for materials and services paid for by check, money order, or by credit card.
- \_\_\_\_\_ All projects must be properly permitted by all applicable permitting agencies prior to the project commencement. This includes City zoning, site plan, and/or building permit approval.
- \_\_\_\_\_ Properties outside of the Downtown Overlay District will be expected to provide architectural treatments and façade articulation improvements as if they were located within the Downtown Overlay District.
- \_\_\_\_\_ All recipients must complete a W-9 Tax Form and will receive a 1099 Tax Form for their award.

**IV. Authorizations:**

I (we) \_\_\_\_\_ (applicant(s)) hereby affirm and swear that all statements and information contained in this application herein are true.  
 I (we) consent to work being performed by the City selected contractor on the private property listed in this application and indemnify and hold the City harmless for any loss or damage done by the contractor in relation to this grant program.

Applicant’s/ Owner’s Signature

Applicant’s/ Owner’s Signature

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Oath or Affirmation**

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_.

Sworn to (or affirmed) and subscribed before me **by means of**  **physical presence** or  **online notarization**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
 (Applicant) Personally Known \_\_\_\_ or Produced Identification \_\_\_\_.

\_\_\_\_\_

SEAL

Signature of Notary Public – State of Florida  
 Print or Stamp Name of Notary

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### V. Checklist

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

- Attach list of all business owners including name, address and telephone number.
- Attach Owner Authorization (If Applicant is not the owner)
  - \*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.
- Attach the current Lake Alfred Business Tax Receipt
- Attach the completed W-9 Tax Form.
- Attach a drawing or rendering of the planned façade improvements, current or intended architectural style to achieve or maintain, as well as any additional descriptive material.
- Attach at least two (2) photos of the building façade in its current condition
- Attach all applicable State, County, and City permits.
- Attach Proof of current County taxes.
- Attach the Application summary of costs
- Attach Itemized list of costs or estimates from a licensed contractor.

#### For more information, contact

Ameé Bailey

Community Development Director

[abailey@mylakealfred.com](mailto:abailey@mylakealfred.com)

