



City of Homestead

COMMUNITY REDEVELOPMENT AGENCY

Enhancing your Community

COMMERCIAL ENHANCEMENT GRANT APPLICATION

APPROVAL PROCESS

Grant proposals will be accepted by the CRA and reviewed on a first come first serve basis, until the allocated funds have been exhausted. CRA staff or designee will evaluate the grant proposals to determine funding priority and will decide from then on.

CHECKLIST OF DOCUMENTS TO BE PROVIDED

Please retain a copy of all items submitted to CRA. Failure to provide the following information may render the application incomplete.

YES	NO	DESCRIPTION
		Lease Agreements for any building tenants or occupants on the property and affected by the rehabilitation work
		Proof of ownership of the property. (If owned by corporation or company, provide copy of articles of incorporation or articles of organization and list of corporate officers and members.)
		If the applicant is a tenant or lessee of the property, property owner's consent to the enhancement improvement application is required.
		Proof of property taxes paid on the property proposed for rehabilitation, including current year's taxes, if due, and prior years.
		Certificate of Appropriateness from the Historic Preservation Board (If applicable)
		Three photos. Pictures to include close-up of property front view; block front view of same side of street; and block front view across the street from the property.
		Proof of payment for utility services and account rate classification as "commercial".
		Copy of Business License

Contact Name:

Contact Number:

Contact Email Address:

Contact Address:

Business Name:

Type of Business:

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Sole Ownership
Partnership
Corporation

Business Address:

FEIN:

Property Owner Name:

Property Owner's Mailing Address:

Property Legal Description:

Folio #:

Description of Proposed Improvements:

Estimated Cost of Project: \$ _____

The applicant(s) hereby submits sketches, pictures, drawings, plans, colors and architects renderings with this application. The Applicant(s) also hereby submits all documentation required by the required policies and procedures for the grant application and award. The applicant(s) understand that these must be reviewed by the Community Redevelopment Agency Board or designee, and where applicable the Homestead Historic Preservation Board. Permits must also be obtained from the City of Homestead Building Department as applicable.

The applicants(s) understands that no grant application work will commence until he/she receives written approval from the City of Homestead Community Redevelopment Agency Board or designee, as set forth in the required policies and procedures for grant application and award, and any applicable agencies. The applicant(s) also understands that any grant funds will be of matching grant nature and that no funds will be reimbursed until proper documentation has been submitted to and approved by the City of Homestead Community Redevelopment Agency staff or designee and all applicable agencies.

The applicant(s) and property owner does hereby agree to defend, indemnify and hold the City of Homestead, the Community Redevelopment Agency, and the Historic Preservation Board harmless from and against any and all liability, damages, costs or expenses (including reasonable attorneys' fees, costs, and expenses at both the trial and appellate levels) arising from the acts or omissions of the property owner or the contractor, and its agents, invitees, material men, laborers and subcontractors, in connection with this Program and all work to the property pursuant to the Program.

APPLICANT'S AFFIDAVIT

The applicant(s) does hereby represent and certify to the City of Homestead and the Community Redevelopment Agency as follows: (a) That he/she has the requisite authority to submit this Application to the City of Homestead Community Redevelopment Agency; (b) That there are no liens filed against the property or any portion thereof; (c) That there have been no repairs, improvements, labor, materials, or services bestowed upon the property or any portion thereof for which any or all of the cost of the same remains unpaid; (d) That no person, firm, or corporation is entitled to a mechanic's lien against the Property or any portion thereof under Chapter 713 of the Florida Statutes; (e) That there are no facts known to the property owner which would give rise to such a claim being asserted against the Property or any portion thereof; (f) That there are no unsatisfied judgments or any federal, state, or county tax deficiencies, which are a lien against the property or any portion thereof; (g)T there are no actions to proceedings now pending in any state or federal court to which the property owner is a party which would affect the title to the property or any portion thereof; and (h) That all the information, documents, submittals provided and made part of the application are true and correct.

The applicant(s) and property owner also hereby certifies that he/she has read and understood the required policies and procedures for the grant application and award attached hereto and agrees to be bound by the terms and conditions therein.

Signature of Applicant

Date

Print Name

Valid Identification

Signature of Applicant

Date

Print Name

Valid Identification

STATE OF FLORIDA)
)
COUNTY OF MIAMI DADE)

Sworn to and subscribed before me this _____ day of _____, of 20_____, by
_____ who (check one) [] is personally known to me or [] has
produced a _____ as identification.

[SEAL]

Notary Public, State of _____

Print Name of Notary

Commission No. _____

Commission Expires _____

PROPERTY OWNER'S CONSENT AFFIDAVIT

The property owner does hereby represent and certify to the City of Homestead and the Community Redevelopment Agency as follows: (a) that is the owner of fee simple title to the property which is the subject of the application; that he/she agrees with the submission of the application to the City of Homestead Community Redevelopment Agency for the sole purpose of requesting a Commercial Enhancement Grant.

Signature of Property Owner

Date

Print Name

Valid Identification

STATE OF FLORIDA)
)
COUNTY OF MIAMI DADE)

Sworn to and subscribed before me this ____ day of _____, of 20____, by _____ who (check one) [] is personally known to me or [] has produced a _____ as identification.

[SEAL]

Notary Public, State of _____

Print Name of Notary
Commission No. _____
Commission Expires _____