

**FY 2017 - 2018**  
**PROPERTY GRANT/INCENTIVE PROGRAM APPLICATION**

<i>Application Date:</i>			
<b><i>Project Location &amp; Scope</i></b>			
Project Location Address			
Folio #		Year Property was built	
Total Retail (Sq. Ft.)		No. Security Shutters/Type	
Estimated Start Date		Estimated Completion Date	
Estimated Cost			
Scope of Work (attach additional page if needed)			
<b><i>Applicant Contact Information</i></b>			
Contact Name			
Mailing Address			
Email			
Telephone		Fax	
<b><i>Business Ownership Information</i></b>			
Corporation/Business Name			
Date/State of Incorporation			
FEIN ID			
Business Owner Name			
Business Owner Address			
Business Owner Phone		Business Owner Email	
New Business	YES / NO	If No, Years at this Location	
Number of Employees		Opening Hours	
<b><i>Property Ownership Information</i></b>			
Property Owner Name			
Property Owner Address			
Property Owner Phone		Property Owner Email	
<b><i>Application Questionnaire</i></b>			
Is the property located within the National Historic District?			YES / NO
Is the property a historic or contributing building?			YES / NO
Is the property in Central Business District?			YES / NO

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In the space provided below, please add any comments that may assist in evaluating your application:

Multiple empty rows for providing comments.

**Attachments (required)** *Pls check all that is submitted*

Attachment A	Photos showing existing Property (photos of business prior to proposed improvement including at least one showing detail of scope of work and one in context with the building and immediately surrounding businesses)	
Attachment B	Renderings or Elevations showing planned improvements	
Attachment C	3 competitive bids (2 if project is less than \$25,000)	
Attachment D	Letter of business/property owner guaranteeing matching funds	
Attachment E	If the property is not owned by business owner, the application must include property owner's written authorization to perform proposed improvements.	

**Acknowledgements**

I \_\_\_\_\_ ("Applicant") acknowledge that \_\_\_\_\_ is seeking grant assistance using the Downtown Miami Property Improvement Grant Program for improvements to the real property located at \_\_\_\_\_.

I understand that I must comply with the Policies and Procedures as outlined in the Grant agreement for the program and that I have read and understand the Program Guidelines.

I also understand that if granted assistance through this program I will be required to maintain the improved property for a minimum period of three years from completion. In the event that the improvements are not maintained, I understand that grant funds used for my project may have to be returned to Miami DDA.

\_\_\_\_\_ Applicant (Signature/Print Name)
 \_\_\_\_\_ Property Owner (Signature/ Print Name)

**Administrative use only**

The applicant certifies that: There are no current code violations or liens on the subject property of this application which the applicant is seeking grant assistance.

Signature

Office Attachment Copy of Property Appraisers Info

Other