



EXHIBIT C

Application Date: _____

Received by City: (Date/Time):
Do not write in this space

Received by (City Staff Name):
Do not write in this space

PLEASE READ THIS ENTIRE DOCUMENT BEFORE BEGINNING.

**2016-2017 COMMERCIAL FAÇADE GRANT
APPLICATION**

The City of Fort Pierce is excited to provide this grant opportunity to commercial property owners for façade improvements. The grant award is a 1:1 match, meaning, the City of Fort Pierce will pay \$1 for every \$1 the grantee contributes to the project, or 50% of façade improvement costs, up to \$5,000.

The City of Fort Pierce’s Commercial Façade Grant Program is aimed at revitalizing existing commercially-zoned buildings within the program target areas. See page 2 of this document for maps of the Target Areas for this grant opportunity.

The target areas for the 2016-2017 Commercial Façade Grant Opportunity are:

- Orange Avenue, from Hwy. 1 west, through 25th Street; and
- Commercial Property located on Avenue D, from Hwy. 1 west, through 25th Street

Please refer to a map of the target areas on Page 2 of the Grant Guidance.

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COMMERCIAL PROPERTY ADDRESS: 503 NORTH 7TH STREET

AMOUNT OF COMMERCIAL FAÇADE GRANT REQUEST: \$ 5,000.00

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PROPERTY OWNER INFORMATION (as listed with SLC Property Appraiser)

Name of Property Owner/Grant Applicant: INTERNATINAL LONGSHOREMEN OF ST. LUCIE

Mailing Address: (address, city, state, zip code)

 503 NORTH 7TH STREET FORT PIERCE, FLORIDA 34950

Telephone 772-461-6522 Email: ila1359@bellsouth.net

CONTACT INFORMATION If we have questions regarding this application, who shall we contact?

Name: RICHARD ROSS

Telephone: 772-240-1179 Email: bank5@bellsouth.net

2016-2017 COMMERCIAL FAÇADE GRANT APPLICATION

What is the current zoning of the property? FEE & MAY RE/SD

(Please include printout from St. Lucie County Property Appraiser that lists zoning information.)

Are there presently Code Violations registered against this property? Yes No

If yes, describe and/or attach documentation:

GENERAL INFORMATION:

1. Is the application for a single- or multi-tenant commercial structure?
 Single-tenant Multi-tenant
2. Is the building occupied or vacant? Occupied Vacant
3. If occupied, provide the name of the business(s) and the business type(s):
INTERNATIONAL LONSHOREMEN ASSOCIATION DOCK WORKERS
4. If vacant, does the building currently meet all local and state code requirements? Yes No
5. If No, will you be making improvements concurrently with your façade grant improvements so that the building meets all local and state code requirements? Yes No
6. If vacant, do you currently have a signed lease with a business to occupy the building?
 Yes No *If Yes, please provide a copy of the lease.
7. If Yes, what is the business name and type?
Name: _____
(select one) Retail Service Professional Not-for-profit Other: _____

Please Note the Following: Vacant commercial buildings are eligible for this grant program, as long as owners intend to re-activate the building with a predominantly commercial use.

Owners should provide proof of tenant agreements if a specific tenant is scheduled to occupy the space. If no tenant is scheduled to occupy the space at the time of application, the owner must provide proof that the property is in habitable condition as defined by the City's Building Code, or that it will be made to be in habitable condition via a rehabilitation project that will coincide with the façade grant project.

2016-2017 COMMERCIAL FAÇADE GRANT APPLICATION

PAST GRANT INFORMATION

Has the property owner **OR** any of the business owners located on this property received grants **(of any kind)** from the City of Fort Pierce? Yes No

If **Yes**, please complete the following for **EACH** grant received. Use additional pages, as necessary.

Grant Recipient's Name: _____

Name of Organization/Business that received the grant: _____

Grant Amount: \$ _____ Year Grant Awarded: _____

Name of Grant Program: _____

Grant Recipient's Name: _____

Name of Organization/Business that received the grant: _____

Grant Amount: \$ _____ Year Grant Awarded: _____

Name of Grant Program: _____

Grant Recipient's Name: _____

Name of Organization/Business that received the grant: _____

Grant Amount: \$ _____ Year Grant Awarded: _____

Name of Grant Program: _____

Grant Recipient's Name: _____

Name of Organization/Business that received the grant: _____

Grant Amount: \$ _____ Year Grant Awarded: _____

Name of Grant Program: _____

Has the City of Fort Pierce or the Fort Pierce Redevelopment Agency ever provided a Commercial Façade Grant for this property?

If Yes, please explain, listing the year(s) and amount(s) of the grant award(s):

No Unknown

2016-2017 COMMERCIAL FAÇADE GRANT APPLICATION

PROJECT INFORMATION

1. **Scope of Work and Cost Estimates:**

A detailed Scope of Work must be included for the application to be complete. It must adequately describe the work to be done, services needed, products required to complete the façade grant project and timeline for each improvement.

A cost estimate must also be included for the application to be complete. It must adequately estimate the price of the work to be done and all of the materials/products required in completing the façade grant project. Three cost estimates from licensed contractors are preferred and should be provided on contractor letterhead and include contractor contact information.

2. After obtaining a signed Grant Contractual Agreement, how many weeks will it take for you to start construction? 2 Weeks
3. How many months do you expect it to take to complete your project? 1 Months
4. Estimated Total Project Cost per lowest cost estimate (Façade Grant-eligible improvements only): \$11,297.00
5. **Amount of grant funds requested (50% of the Estimated Total Project Cost above, not to exceed \$5,000):** \$5,000.00
6. Are you undertaking additional improvements at this time which are not Façade Grant eligible? Yes No *It is important to include this information because it helps with leveraging calculations, which affect the grant application in a positive way.
7. If Yes, what is the estimated cost of these improvements: \$ 2,500.00
8. Please describe these improvements (attach additional pages, if necessary):

9. Will you complete these façade improvements if none or only a portion of this grant request is awarded? Yes No
Please explain your Yes or No answer: OVERHEAD IS ALREADY HIGH, BUT IF GRANT IS APPROVED THEN I CAN.
10. In the last year, have you made improvements to the façade, site, or interior of this property? Yes No
11. If **Yes**, estimate the total cost of these improvements: \$ _____

LEGAL AUTHORIZATION FROM THE OWNER OF COMMERCIAL BUILDING

As the legal owner(s) of the property listed in this Commercial Façade Grant application, I/we hereby authorize completion of the façade improvements indicated in this application. My/Our proof of ownership is attached, along with proof that the taxes on this property are not delinquent.

Signature(s) of Owner(s) of Commercial Building Must Be Notarized (use additional pages if necessary)

Property Owner:
[Signature]

Signature

Today's Date: 05-24-17

RICHARD ROSS

Print Name Here

Telephone Number: 772-461-6522

Email: ila1359@bellsouth.net

NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared RICHARD ROSS, who is personally known to me or produced PERSONALLY KNOWN, as identification, and acknowledged he/she executed the forgoing Agreement for the use and purposes mentioned in it and that the instrument is his/her act and deed.

IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this 24 day of MAY

NOTARY PUBLIC [Signature]



Feb 11, 2020

Property Owner:

Signature

Today's Date: _____

Print Name Here

Telephone Number: _____

Email: _____

NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared _____, who is personally known to me or produced _____, as identification, and acknowledged he/she executed the forgoing Agreement for the use and purposes mentioned in it and that the instrument is his/her act and deed.

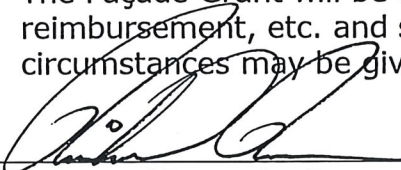
IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this _____ day of _____, 20____.

NOTARY PUBLIC _____ My Commission Expires: _____

2016-2017 COMMERCIAL FAÇADE GRANT APPLICATION

I acknowledge the following:

- ✓ All statements provided in the application are true and any misrepresentation will void any subsequent Grant Contractual Agreement and or/funding.
- ✓ The Commercial Façade Grant will be used for the project described in this application. A Grant Contractual Agreement must be signed before entering into any contracts, purchasing any materials, or performing any work included in the façade grant project. I understand that failure to comply with the Grant Contractual Agreement may result in forfeiting the grant award.
- ✓ The City of Fort Pierce or the Department of Urban Redevelopment is obligated only to administer the grant procedures and is not liable to the applicant, owner, or third parties for any obligations or claims of any nature growing out of, arising out of, or otherwise related to the project or application undertaken by the applicant and/or owner. Additionally, all required permits are the responsibility of the owner/applicant.
- ✓ Acceptable proofs of payment of an eligible invoice include: 1 - A copy of the front and back of a cancelled check to the vendor/contractor containing the vendor/contractor's name, the date the payment was made, the amount paid, a memo line stating what the payment is purchasing, and a signature of the property owner and a receipt on vendor/contractor letterhead with contact information for the vendor/contractor; or 2 - A credit card statement showing the facade grant eligible charges, along with a print-out showing payment of these charges, receipt on vendor/contractor letterhead with contact information for the vendor/contractor.
- ✓ Any unapproved changes to project plans as stated in the approved Scope of Work will void the grant and result in non-payment of funds. If changes to the Scope of Work are necessary, it is the responsibility of the Grant Recipient to immediately contact the City's Grants Administrator in writing for additional project review and written approval before continuing with the project.
- ✓ Funding awards will not be increased after notification of the initial award.
- ✓ Reimbursement will occur after project completion or after each phase is completed (if phases are approved) and upon submission of appropriate invoices and proof of payment documents as outlined in the Guidelines.
- ✓ Grant Recipient will regularly submit monthly progress reports to the Department of Urban Redevelopment throughout the duration of project, until the project is completed.
- ✓ The Façade Grant will be completed, meaning all close-out documents, reports, requests for reimbursement, etc. and submitted before September 30, 2017. Extensions due to extenuating circumstances may be given at the discretion of the Department of Urban Redevelopment.

	RICHARD ROSS	5-24-17
Signature of Property Owner	Printed Name	Date

Signature of Property Owner	Printed Name	Date

CAUTION – PLEASE READ:
Project improvements that are part of this Commercial Façade Grant application shall not be started prior to the applicant having a signed Grant Contractual Agreement. This includes entering into any agreements or contracts with contractors or purchasing materials for these improvements. Starting the project prior to having a signed Grant Contractual Agreement with the City will result in a loss of awarded grant funds.

Property Card

Michelle Franklin, CFA -- Saint Lucie County Property Appraiser -- All rights reserved.

Property Identification

Site Address: 705 CEDAR PL
Sec/Town/Range: 10/35S/40E
Map ID: 24/10N
Zoning: C3

Parcel ID: 2410-601-0155-000-1
Account #: 23261
Use Type: 7700
Jurisdiction: Fort Pierce

Ownership

Longshoremen'S St Lucie Co Inc
503 N 7th St
Fort Pierce, FL 34950

Legal Description

FEE AND MAY'S RE-S/D BLK L LOTS 1 AND 2 (MAP 24/10C) (OR 304-564)

Current Values

Just/Market Value: \$43,700
Assessed Value: \$43,700
Exemptions: \$0
Taxable Value: \$43,700
Taxes for this parcel: SLC Tax Collector's Office
Download TRIM for this parcel: Download PDF



Total Areas

Finished/Under Air (SF): 1,920
Gross Area (SF): 1,960
Land Size (acres): 0.19
Land Size (SF): 8,200

This information is believed to be correct at this time but it is subject to change and is not warranted.
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**2016 REAL ESTATE
NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS**

Skip the trip and pay at www.tcslc.com

- echeck (electronic payment from your checking account with no fee)
- Credit card (2.5% convenience fee applies)
- Print your receipt instantly online!



P.O. Box 308
Fort Pierce, FL 34954-0308
772-462-1650
www.tcslc.com

ACCOUNT
2410-601-0155-000/1

ESCROW

Longshoremen`S St Lucie Co Inc
503 N 7th St
Fort Pierce, FL 34950-8229

705 CEDAR PL, Fort Pierce
FEE AND MAY`S RE-S/D BLK L LOTS 1 AND 2
(MAP 24/10C) (OR 304-564)

\$1,245.10

11/15/2016

Paid

RETAIN THIS PORTION FOR YOUR RECORDS Receipt # 0099-20161115-006513

AD VALOREM TAXES						
TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED	
County Parks MSTU	772-462-1670	0.2313	43,700	0	43,700	10.11
Co Public Transit MSTU	772-462-1670	0.1269	43,700	0	43,700	5.55
Erosion District E	772-462-1670	0.0925	43,700	0	43,700	4.04
Law Enf, Jail Judicial Sys	772-462-1670	3.2838	43,700	0	43,700	143.50
Co General Revenue Fund	772-462-1670	4.1077	43,700	0	43,700	179.51
St Lucie County Port Bond	772-462-1670	0.0000	43,700	0	43,700	0.00
Childrens Service Council	772-408-1100	0.4765	43,700	0	43,700	20.82
St Lucie Co Fire District	772-621-3338	3.0000	43,700	0	43,700	131.10
FL Inland Navigation Dist	561-627-3386	0.0320	43,700	0	43,700	1.40
City of Fort Pierce	772-467-3777	6.9000	43,700	0	43,700	301.53
School Discretionary	772-429-3970	0.7480	43,700	0	43,700	32.69
School Capital Improvemnt	772-429-3970	1.5000	43,700	0	43,700	65.55
School Req Local Effort	772-429-3970	4.6790	43,700	0	43,700	204.47
Mosquito Control	772-462-1670	0.2164	43,700	0	43,700	9.46
S FL Wtr Mgmt District	561-686-8800	0.3307	43,700	0	43,700	14.45
MILLAGE CODE 9022					TOTAL MILLAGE 25.7248	TOTAL AD VALOREM TAXES \$1,124.18

eBill

Go paperless and receive your tax bill by email.

www.tcslc.com

NON-AD VALOREM ASSESSMENTS		
ISSUING AUTHORITY		AMOUNT
FP23 Fort Pierce Stormwater Mgmt Maint	772-467-3777	172.80
TOTAL ASSESSMENTS		\$172.80

Scan to view your bill online

COMBINED TAXES AND ASSESSMENTS \$1,296.98

Pay One Amount (Discount Already Deducted)	If Postmarked By Please Pay	Nov.30, 2016 \$0.00		
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P.O. Box 308
Fort Pierce, FL 34954-0308
772-462-1650
www.tcslc.com

ACCOUNT
2410-601-0155-000/1

Longshoremen`S St Lucie Co Inc
503 N 7th St
Fort Pierce, FL 34950-8229

2016 REAL ESTATE

Pay online at www.tcslc.com
AMOUNT DUE

I am paying the following amount (check only one box):

Nov 30, 2016	\$0.00
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Checks payable to St. Lucie County Tax Collector
U.S. funds only through U.S. bank
No postdated checks · Print receipt online

Michelle Franklin, CFA -- Saint Lucie County Property Appraiser -- All rights reserved.

Building Information

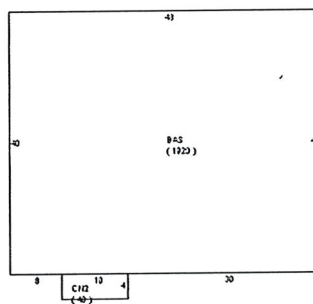
Finished/Under Air Area: 1,920 SF
Gross Total Area: 1,960 SF

Exterior Data

Building Type:	CLHS	Grade:	Y_C-
Year Built:	1963	Effective Year:	1965
No. Units:	2	Story Height:	1 Story
Roof Cover:	Dim Shingle	Roof Structure:	Gable
Primary Wall:	CB Stucco	Secondary Wall:	
View:		Frame:	

Interior Data

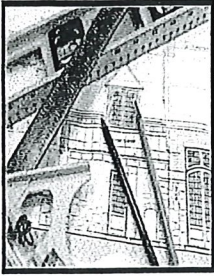
Bedrooms:	0	Full Baths:	0
Primary Int Wall:	Drywall	Half Baths:	0
Primary Floors:	Carpet	Avg Hgt/Floor:	0
Heat Type:	FrcdHotAir	Heat Fuel:	ELEC
Heated %:	100%	A/C %:	100%
Electric:	MAXIMUM	Interior Sprinkler %:	0%



Sketch Area Legend

Sub Area	Description	Area	Fin. Area	Perimeter
BAS	BASE AREA	1920	1920	176
CN2	CANOPY	40	0	28

This information is believed to be correct at this time but it is subject to change and is not warranted.
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Don Hinkle

CONSTRUCTION

GENERAL CONTRACTORS

International Long Shoreman's
505 N. 7th St.
Fort Pierce, FL 34950

772-461-6525

772-528-2249

donhinkle@bellsouth.net

772-528-2227

Chadhinkle@bellsouth.net

Job Proposal 4.23.17

Permitting

Cut stucco to remove old windows

Replace windows with PGT Impact windows

Touch up stucco

Total

\$12,780.00

Painting by owners

Don Hinkle Construction, Inc will perform additional work on a "Time and Material" basis.

Terms of Payment: 50% down at start, 50% at completion

Owner

date

Contractor

date

Certified Property Restoration, LLC.

3074 SE East Blackwell Drive
 Port St Lucie, FL 34952

Estimate

Date	Estimate #
2/14/2017	501

Name / Address
503 North 7th Street - Fort Pierce, Fl

				Project
Description	Qty	U/M	Rate	Total
Remove and replace sink with faucet and watercloset in lavatory restroom.	1		873.00	873.00
If required water valves will be replaced as needed on price per valve at 42.00 Each			0.00	0.00
Remove and replace existing windows with CGI Impact Windows glazing shall have energy reflective coating.	13		869.00	11,297.00
Install ceiling fan in two offices with switch. Includes wiring box and switch.	2		470.00	940.00
			Total	\$13,110.00



TangibleGreen, Inc.

PO Box 2996

Jupiter, FL 33458

Proposal

Date	Proposal #
2/15/2017	P-021517

Project Location
503 North 7th Street Fort Pierce, Fl

				Project
				Renovation
Description	Qty	Tax	Rate	Total
Restroom - Remove and replace water closet and sink with faucet.	1		978.00	978.00
Water valve replacement (per valve)	2		87.50	175.00
Windows Replacement with Andersen Double Hung Impact Windows	13		1175.00	15,275.00
Install ceiling fan in office	2		630.00	1,260.00
			Total	17,688.00



WEST SIDE OF BUILDING



NORTH SIDE OF BUILDING



EAST SIDE OF BUILDING



SOUTH SIDE OF BUILDING

SUNTRUST BANK
 PO BOX 305183
 NASHVILLE TN 37230-5183

Page 1 of 3
 36/E00/0175/0/40
 1000038838743
 04/30/2017
 0000



Account Statement

INTERNATIONAL LONGSHOREMENS ASSOCIATION
 STRIKE FUND ACCOUNT
 503 N 7TH ST
 FORT PIERCE FL 34950-8229

Questions? Please call
 1-800-786-8787

Starting May 7, 2017, pricing for the Same Day Bill Pay service will change from \$9.95 to \$4.95 per transaction. Avoid late fees and service interruptions while boosting your financial confidence and control.
 Check the "Deliver By" calendar to see if your provider accepts this Rush Delivery option.
 Get credit for your payment today.

Account Summary	Account Type	Account Number	Statement Period
	PRIMARY BUSINESS CHECKING	1000038838743	04/01/2017 - 04/30/2017

Description	Amount	Description	Amount
Beginning Balance	\$119,787.19	Average Balance	\$118,990.28
Deposits/Credits	\$0.00	Average Collected Balance	\$118,990.28
Checks	\$1,113.49	Number of Days in Statement Period	30
Withdrawals/Debits	\$0.00		
Ending Balance	\$118,673.70		

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	4312	545.28	04/03	4313	466.18	04/14	4314	102.03	04/24
Checks: 3									

Balance Activity History	Date	Balance	Collected Balance	Date	Balance	Collected Balance
	04/01	119,787.19	119,787.19	04/14	118,775.73	118,775.73
	04/03	119,241.91	119,241.91	04/24	118,673.70	118,673.70

The Ending Daily Balances provided do not reflect pending transactions or holds that may have been outstanding when your transactions posted that day. If your available balance wasn't sufficient when transactions posted, fees may have been assessed.

2016-17 Commercial Façade Grant Application
Project Address: 503 North 7th Street

Project Information: Scope of Work

- Remove old windows.
- Replace existing windows with CGI Impact window
- Touch up stucco
- Pressure Wash exterior of building
- Paint Exterior of Building

Other Projects of interest:

- Landscaping
- Parking lot improvements (visible by the public from a public roadway)