



Application Date: 10/3/2020

Received by City: (Date/Time): 10/3 10:00AM
Do not write in this space

Received by (City Staff Name): [Signature]
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PLEASE READ THIS ENTIRE DOCUMENT BEFORE BEGINNING.

**HISTORIC AVENUE D BUSINESS DISTRICT
COMMERCIAL FAÇADE GRANT
APPLICATION**

Received

OCT 03 2020

Administration

The City of Fort Pierce is excited to provide this grant opportunity to commercial property owners for façade improvements for qualifying commercial properties located in the Historic Avenue D Business District Target Area, for qualifying façade improvements, up to \$5,000. Please see Target Area Map on page 2.

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COMMERCIAL PROPERTY ADDRESS: 1319 AVENUE D, FORT PIERCE, FL 34950

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

=====

PROPERTY OWNER INFORMATION (as listed with St. Lucie County Property Appraiser)

Name of Property Owner/Grant Applicant: EUGENE WILLIAMS, BARBARA O'DELL, PATRICIA WHITE ^{DECEASED}

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

1319 AVENUE D, FORT PIERCE, FL 34950

Telephone (772)528-5284 Email: _____

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

Name: EUGENE WILLIAMS

Telephone: 772-528-5284 Email: _____

**HISTORIC AVENUE D BUSINESS DISTRICT
COMMERCIAL FAÇADE GRANT APPLICATION (continued)**

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) and a copy of the lease agreement(s):

Kingdom Kreations, BGM Beauty Supply, A&K Grocery Store

4. If vacant, does the building currently meet all local and state code requirements? ^{N/A} __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, please describe your plans for this building. _____

Please Note the Following: Vacant commercial buildings are eligible for this grant program, as long as owners intend to re-activate the building within 90 days of the completion of the commercial façade improvements, 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. Please see the Grant Guidance, page 3, #G.

**HISTORIC AVENUE D BUSINESS DISTRICT
COMMERCIAL FAÇADE GRANT APPLICATION (continued)**

PAST GRANT INFORMATION

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

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

Yes No **Unknown**

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.

At least one (1) professional cost estimate (preferably 2) must also be included for the application to be complete. The estimate must be on contractor's letterhead with contractor contact information and adequately estimate the price of the work to be done and all of the materials/products required in completing the façade grant project.

2. After obtaining a signed Grant Contractual Agreement, how long do you estimate it will it take for you to start construction? **ASAP**

3. How long do you expect it to take to complete your project? **ASAP**

4. Estimated Total Project Cost per lowest cost estimate (Façade Grant-eligible improvements only): \$_____

7. Are you undertaking additional improvements at this time which are not Façade Grant eligible? **Yes** No

If Yes, what is the estimated cost of these improvements: **UNKNOWN**

Please describe these improvements (attach additional pages, if necessary):

8. 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: _____

9. In the last year, have you made improvements to the façade, site, or interior of this property? **Yes** No

If **Yes**, estimate the total cost of these improvements: **\$3000**

HISTORIC AVENUE D BUSINESS DISTRICT COMMERCIAL FAÇADE GRANT APPLICATION (continued)

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:

Today's Date: 10/3/2020

Eugene Williams
Signature

Eugene Williams
Print Name Here

Telephone Number: 578-5784

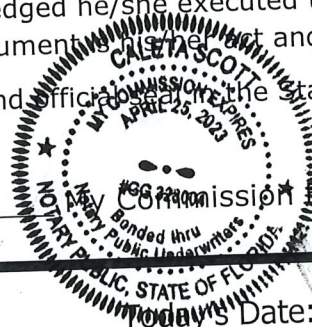
Email: _____

NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared Eugene Williams, who is personally known to me or produced Driver's License, 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 own act and deed.

IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this 3rd day of October, 2020.

NOTARY PUBLIC [Signature]



Property Owner:

Patricia White
Signature

Patricia White
Print Name Here

Telephone Number: 801-4932

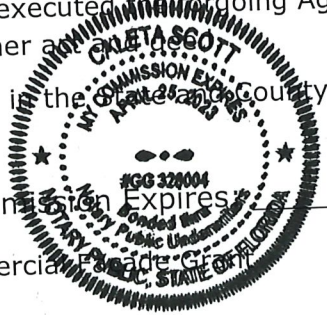
Email: _____

NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared Patricia White, who is personally known to me or produced Driver's License, 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 own act and deed.

IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this 3rd day of October, 2020.

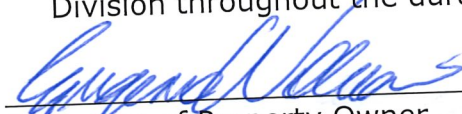
NOTARY PUBLIC [Signature]



HISTORIC AVENUE D BUSINESS DISTRICT COMMERCIAL FAÇADE GRANT APPLICATION (continued)

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 Grants Administration Division 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 and a paid 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 could 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 Lincoln Park Revitalization Coordinator 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.
- ✓ Grant Recipient will regularly submit monthly progress reports to the Grants Administration Division throughout the duration of project, until the project is completed.


Signature of Property Owner

Eugene Williams
Printed Name

10/3/2020
Date


Signature of Property Owner

Patricia White
Printed Name

10/3/2020
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.

HISTORIC AVENUE D BUSINESS DISTRICT COMMERCIAL FAÇADE GRANT APPLICATION (continued)

APPLICATION CHECKLIST

- A detailed Scope of Work, which must include all work proposed in the Façade Grant project, including the materials/products to be used.
- At least one, preferably two cost estimates for work to be performed and list of materials/products needed - on contractor letterhead with contractor contact information.
- Current photograph(s) of the property showing the façades of the building to be improved.
- Clear notations made on photographs of the building(s), and/or notations made on separate drawings, illustrating the areas or features of the building that will be improved. Describe in detail the building materials, doors, awnings, landscaping, and other features that will be part of the project.
- Landscape plans showing proposed plant names/species, size of plants at time of planting, and placement of each proposed plant on the site, if needed.
- Parking lot plans and/or sketches plans/site plans showing property boundaries, parking spaces (existing and proposed), and other pertinent information, if needed.
- A written explanation of the project and the improvements proposed, along with a written overview of the business currently in operation in the building to be improved, if applicable.

If the property is currently uninhabited, please see Page 3, #G in the Grant Guidance for instruction.
- Printout from St. Lucie County Property Appraiser's office showing property zoning and proof of ownership of this property.
- Property Owner, as listed with St. Lucie County Property Appraiser's office notarized signature on this application.
- Proof that property taxes are up to date (not delinquent).

DO NOT INCLUDE:

Staples or Binding. Please use clips or rubber bands only.