



Application Date: 2/4/2020

Received by City: (Date/Time): 2/4/2020 12:00PM
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Received by (City Staff Name): Kathryn Ballard
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PLEASE READ THIS ENTIRE DOCUMENT BEFORE BEGINNING.

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

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: 2311 Ave D Fort Pierce Fl 34950

AMOUNT OF COMMERCIAL FAÇADE GRANT REQUEST: \$ _____

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

Name of Property Owner/Grant Applicant: Donald CoE

Mailing Address: (address, city, state, zip code)
2302 Ave G Apt B Fort Pierce Fl. 34950

Telephone 772-834-8764 Email: use the bottom Email

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

Name: Joyce A. Holloway or Donald CoE

Telephone: 772-332-5262 Email: 1950JaHolloway@gmail.com

**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):

D.C. Grocery

Groce. & Bar B Que

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, 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? _____
- 3. How long do you expect it to take to complete your project? _____
- 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: \$_____

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: \$_____

**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: Feb. 04, 2020

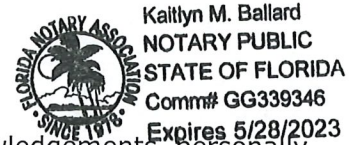
Donald Coe - Donald Coe
Signature

Donald Coe
Print Name Here

Telephone Number: 772-834-8764

Email: 1950Jca Holloway @ Gmail.com

NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE



BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared Donald Coe, who is personally known to me or produced FLDL, 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 4 day of February, 2020.

NOTARY PUBLIC Kaitlyn Ballard My Commission Expires: 5/28/2023

Property Owner:

Today's Date: _____

Signature

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: _____

**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.

Donald Cole
Signature of Property Owner

Donald Cole
Printed Name

2/4/2020
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.