

Print

COMMERCIAL FACADE GRANT PROGRAM APPLICATION - Submission #1850

Date Submitted: 1/26/2022

APPLICATION FORM

Property Details:

Parcel ID Number:*

241070500170001

If you do not have your parcel ID, visit <https://www.paslc.org/property-search/> to obtain.

Grant Property Address:*

906 Delaware Avenue

Property Owner's Name:*

Dr. Rhaina A. Smeds, PsyD, Inc.

Lease Term (if applicable):

Building's Existing Use(s):*

Vacant

Building's New Use(s) (if applicable):

Doctor's Office

Applicant Information:

Applicant Name:*

Rhaina Smeds

Applicant Title (Business Owner, Property Owner, Business Partner, etc):*

Business owner and Property Owner

Email Address:*

drsmeds@att.net

Phone Number: *

7724854008

Business Information:

Legal Business Name:*

Dr. Rhaina A. Smeds, PsyD, Inc.

Business Type (Restaurant, Retail, Office, etc):*

Psychology Practice

Employer Identification Number / Tax ID:*

900766260

Number of years in business:*

20

Number of years at this location:*

0

If not currently open for business at this location, when do you expect to open?

March 1, 2022

Project Details:

Estimated timeframe for the completion of the project:*

10/30/2023

The Project must be started within six (6) months from the date of FPRA Board approval and completed within 12 months of building permit issuance. Failure to do so, without an approved deviation by the FPRA, will result in termination of the grant.

What is the total cost of eligible improvements?*

\$66,333

These costs must be verified by licensed contractors.

Grant amount requested:*

\$25,000

Note: This grant is a reimbursable, matching (50%) grant up to \$25,000.

Required Documentation:

Deed:*

906 Delaware Deed.pdf

If applicant is the tenant, attach a copy of lease:

No file chosen

If applicant is tenant, attach Owner Affidavit:

No file chosen

For owner affidavit form, [click here](#).

City of Fort Pierce Business Tax Receipt:

Business Tax.jpg

Design and construction plans for the proposed improvements.*

Site Plan.jpg

Provide examples of project colors, design, materials and specifications.*

COA Supplement. 906 Delaware Avenue.pdf

Proof of ability to fully fund the project.*

Availability of Funds.docx

Attach a letter describing why this property should be selected to receive a grant. Please include how this project meets the goals and objectives of the FPRA Plan.*

Narrative describing the project.docx

To view the FPRA Plan, [click here](#).

Cost Estimates

A minimum of one (1) cost estimate from a licensed contractor issued within the previous 90 days of this application submission. Estimates should be broken out in detail, especially if any non-eligible improvements are being completed, as this allows FPRA to compare based on only grant eligible improvements being performed.

Cost Estimate *

All Bids. 1.25.22.pdf

Signature:

Electronic Signature*

Rhaina A. Smeds

I certify that the information provided in this application is true and accurate to the best of my ability and no false or misleading statements have been made to secure approval of this application.

By typing your name in the box above, you are signing the document electronically. You agree that your electronic signature has the same validity as your handwritten signature.