

**KINGSOUTEL CROSSING CRA BUILDING RENOVATION GRANT PROGRAM  
APPLICATION**

*Funding is subject to availability and offered solely on a reimbursement basis.*

*(Please type or print legibly.)*

**I. APPLICANT INFORMATION**       OWNER       TENANT

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

**II. BUSINESS INFORMATION**

Name \_\_\_\_\_ EIN# \_\_\_\_\_

Owner's Name \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_ Website \_\_\_\_\_

**APPLICATION REQUIREMENTS:**

Application requirements are stated in the KingSoutel Crossing CRA Grant Program Guidelines.

**BUSINESS LOCATED IN THE KINGSOUTEL CROSSING CRA:** \_\_\_ Yes \_\_\_ No

**TYPE OF LEGAL ENTITY:**

( ) Sole Proprietorship ( ) Partnership/Joint Venture ( ) Corporation ( ) Limited Liability Corporation

**STATE OF INCORPORATION** (if applicable) \_\_\_\_\_

**DATE COMPANY ESTABLISHED** \_\_\_\_\_ **NUMBER OF YEARS IN BUSINESS** \_\_\_\_\_

**HAVE YOU USED THIS PROGRAM ON OTHER PROPERTIES WITHIN THE KINGSOUTEL CROSSING CRA?** \_\_\_ Yes \_\_\_ No

If yes, state the program utilized and the address of the project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. PROJECT INFORMATION**

Project Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_

**Please specify costs for work items as categorized below. Please submit two quotes from two different vendors for itemized work to be completed.**

Description of Improvements	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Project Cost</b>	\$

**Applicant's Funding** \$ \_\_\_\_\_

**Total Program Funding Requested** \$ \_\_\_\_\_

#### IV. SIGNATURES AND PUBLIC INFORMATION DISCLOSURE

Please read the following question and statement below. **If you answer “yes” to the question, then furnish details in the space below. Include dates, location, sentences, whether misdemeanor or felony, dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information. An arrest or conviction record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied.**

- 1) For any criminal offense – other than a minor vehicle violation – have you ever: a) been convicted; b) plead guilty; c) plead nolo contendere; d) been placed on pretrial diversion; or e) been placed on any form of parole or probation (including probation before judgment)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

**The undersigned warrants that the information contained in this application (and any supplemental information) is, to the best of my knowledge, true and correct. The undersigned further understands that the use of this information is only for consideration of the Building Renovation Grant Program. I acknowledge that I have received, read and will comply with the guidelines of this program. The undersigned grants authorization to verify any answers contained herein.**

**If the Grant is approved, the undersigned warrants that they have the matching funds available to complete the project as envisioned in the application. The undersigned understands and agrees that all information furnished in connection with this application for the Building Renovation Grant Program involves the use of public funds as such may be made public pursuant to the statues of the United States of America, the State of Florida and the City of Jacksonville, Florida.**

Applicant/Business Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Applicant/Business Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**OWNER'S AFFIDAVIT OF CONSENT**

*State of Florida*  
*County of Duval*

Before me, the undersigned authority, this day personally appeared

\_\_\_\_\_

Who, duly sworn, upon oath, deposes and says:

1. That he is the duly authorized representative of owner requesting approval of façade renovation grant for the property described below.
2. That all owners that he represents have given their full and complete permission for him to act in their behalf for the above stated request.
3. That the following description set forth in this document is made a part of this affidavit and contains the current names, mailing addresses and legal descriptions for the real property, of which he is the owner or representative.
4. That I acknowledge the applicant's request for funding to make alterations to the property and understand that recommendations may be made by the City's departments when appropriate, in connection with this funding request. I, therefore, give my consent to the project described in this application.

Further Affiant sayeth not.

Signature \_\_\_\_\_

**PROPERTY DESCRIPTION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

Sworn to and Subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public, State of Florida at Large

My Commission Expires: \_\_\_\_\_