

City of Lake Alfred  
120 E. Pomelo Street  
Lake Alfred, FL 33850



Phone: (863) 291-5748

[www.mylakealfred.com](http://www.mylakealfred.com)

**Community Development**

Building | Code Enforcement | Planning | Zoning

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**FAÇADE IMPROVEMENT GRANT PROGRAM  
APPLICATION**

**I. Applicant Information**

**Property Address:** \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

**Applicants' Name:** \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ / \_\_\_\_\_

**Entity Name:\*** \_\_\_\_\_

Business Owner: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ / \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ / \_\_\_\_\_

\*If the business is a partnership, attach a sheet listing name, address, and telephone number of each partner.

\*If the business is a corporation, attach a sheet listing name, address, and telephone number of each shareholder and officer who owns any portion of the corporate stock. Publicly held companies are exempt.

**II. Description of Facade Improvement**

Please provide a brief description of the planned façade improvement: [attach sheets as necessary]

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Attach a drawing or rendering of the planned façade improvements, current or intended architectural style to achieve or maintain, as well as any additional descriptive material. Attach at least two (2) photos of the building façade in its current condition.



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**III. Cost of the Façade Improvements**

Please provide cost estimates for the planned façade improvements.

Architectural Façade Renovation:	\$ _____
Replacement or Installation of Windows and/or Door:	\$ _____
Replacement or Installation of Permanent Awnings:	\$ _____
Structural Alterations or Accessibility Improvements:	\$ _____
Landscaping and Irrigation:	\$ _____
Parking Lot Improvements	\$ _____
Other: _____	\$ _____
<b>Total Project Cost:</b>	<b>\$ _____</b>
<b>Grant Funds Requested:</b> (See Facade Grant Program)	<b>\$ _____</b>

Please attach an itemized listing of costs or estimates from a licensed contractor.

**IV. Applicant's Acknowledgements** Please read and initial all of the following:

- \_\_\_\_\_ Grant applications are accepted between October 1 and December 31 annually. Applications received after January 31 will be considered on a first come first serve basis and be limited to any remaining funds.
- \_\_\_\_\_ All grant applications must receive approval by the CRA Board to receive reimbursement. Grant applications should be submitted prior to work commencing to ensure funding is available and the work is eligible. Grant applications received for expenses incurred more than a year prior to the application will be ineligible for the program and not considered by the CRA Board.
- \_\_\_\_\_ The applicant agrees to utilize any grant funds received in strict conformance with the guidelines set forth by the Community Redevelopment Agency in Resolution 02-19 and/or 01-21.
- \_\_\_\_\_ All applicants understand that reimbursement for "cash receipts" will not be accepted due to auditing requirements - **NO EXCEPTIONS**. You must provide a verification of payment (receipt) for materials and services paid for by check, money order or by credit card.
- \_\_\_\_\_ All projects must be proper permitted by all applicable City, County, and State agencies prior to the project commencement. This includes City zoning, site plan, and/or building permit approval.
- \_\_\_\_\_ Properties outside of the Downtown Overlay District will be expected to provide architectural treatments and façade articulation improvements as if they were located within the Downtown Overlay District.
- \_\_\_\_\_ All recipients must complete a W-9 Tax Form and will receive a 1099 Tax Form for their award.

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**VI. Checklist**

Only completed applications will be accepted, please be sure you submit the following with this application:

- List of all business owners including name, address and telephone number.
- Drawings or renderings of the planned façade improvements, as well as any additional descriptive material.
- Any required City, County, or State permit approvals.
- Photographs of the project areas in their current condition.
- Itemized list of costs or estimates from a licensed contractor.
- Owner Authorization (If Applicant is not the owner)

**For more information, contact**

Ameé Bailey  
Community Development Director  
[abailey@mylakealfred.com](mailto:abailey@mylakealfred.com)



**VII. Applicant's Signature**

\_\_\_\_\_  
Applicant's Name (Printed or Typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_ who is  personally known to me or  produced \_\_\_\_\_ as identification, this \_\_\_\_\_ day of \_\_, 20 \_\_\_\_\_.

Notary's Signature \_\_\_\_\_

SEAL: