
COMMUNITY REDEVELOPMENT AGENCY (CRA)

BUSINESS FAÇADE MATCHING GRANT PROGRAM

PURPOSE

The purpose of the Business Façade Matching Grant Program is to encourage rehabilitation and revitalization of the Downtown by empowering business owners and residents to create physical and visual building improvements to create a more enticing downtown district. The CRA may award a 50% reimbursement up to \$10,000 for a qualifying project.

ELIGIBILITY

Applicants may include both commercial property owners and business lessees. Lessees must provide written notarized authorization from the registered property owner and proof of an executed tenant agreement.

ELIGIBLE WORK: Rehabilitation and improvements of existing business facades visible from the street or public right-of-way, including storefronts, cornices, gutters and downspouts, signs, exterior lighting, canopies, awnings, painting, and masonry cleaning.

INELIGIBLE WORK: Any roofs, structural foundations, billboards, security systems, non-permanent fixtures, interior window coverings, personal property and equipment, security bars, razor/barbed wire fencing, streetscape, landscaping, sidewalks, and paving.

INELIGIBLE FOR GRANT FUNDS

- National corporate franchises
- Government offices and agencies
- Properties primarily supporting residential use
- Property exempt from property taxes

CRITERIA

- The business owner and property owner must apply jointly
- The business must be located within the boundaries of the CRA (see map)
- The proposed project must meet the city's approval, requires CRA board approval and must be property maintained
- Applicants must be a business and/or property owners in good standing with a current business tax receipt, current property insurance and no delinquent property taxes, fines or liens
- Permit fees may be incorporated into the cost estimate
- Awards are at the discretion of the CRA board and made only after projects are completed
- No work shall commence until authorized by the CRA board

APPLICATION PROCESS

An application must be submitted with photos applicable to the scope of work. The city's CRA coordinator will assist with the application process to meet the program conditions required for a commitment of funds.

COMPETITIVE ESTIMATES

Applicants must submit at least two (2) estimates from qualified professionals or a licensed contractor, when applicable. Applicants are encouraged to hire vendors within the City of Wildwood and Sumter County.

Once the application has been approved, the following conditions apply:

- Work must be performed by the lowest bidder.
- Work must be completed by contractors insured and licensed by the State of Florida, when applicable.
- Completed work must be documented with paid receipts.
- Work must be completed and inspected **no later than nine months** after grant contract is fully executed.

DESIGN

The design and/or improvements must comply with all applicable City of Wildwood Land Development Regulations and Design District Standards (DDS).

COMMUNITY REDEVELOPMENT AGENCY (CRA) FUNDS

Applicants awarded will be required to enter a contractual agreement with the CRA prior to disbursement of funds by means of City Ordinance 483 and in accordance with provisions of Section 163.387, Florida Statutes, a Community Redevelopment Trust Fund through Tax Increment Financing (TIF).

APPROVALS

The CRA coordinator will serve as the liaison with the CRA board. Applicants awarded will be responsible for obtaining necessary regulatory approvals, including but not limited to building and other permits. All work must comply with city, county, state, and federal regulations.

PROGRAM REUSE RESTRICTION

A business location is eligible for only one Business Façade Matching Grant within any five-year time frame, even if the location enters into new ownership. The timeframe begins the date the improvements are completed.



WILDWOOD
FLORIDA

Development Services Department
100 N Main Street
Wildwood, FL 34785

Melanie Peavy, CPM, AICP
CRA Coordinator

Email: mpeavy@wildwood-fl.gov | PH: 352-330-1330 ext. 115

BUSINESS FACADE MATCHING GRANT APPLICATION COMMUNITY REDEVELOPMENT AGENCY (CRA)

PLEASE SUBMIT COMPLETED APPLICATION ALONG WITH SUPPORTING DOCUMENTATION TO THE DEVELOPMENT SERVICES DEPARTMENT

APPLICANT / BUSINESS INFORMATION

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CORPORATION _____ NON-PROFIT _____

TELEPHONE: () _____ EMAIL: _____ LIMITED LIABILITY COMPANY _____ FOR-PROFIT _____

CONTACT NAME: _____

FEDERAL IDENTIFICATION _____ SOLE PROPRIETORSHIP _____ OTHER _____

(FEIN) # _____

STATE OF INCORPORATION: _____

PROJECT / SITE INFORMATION:

PROJECT NAME: _____

PROJECT ADDRESS: _____ CITY: _____ ZIP: _____

PLEASE ATTACH COUNTY PROPERTY RECORD CARD FOR PARCEL IDENTIFICATION AND LEGAL DESCRIPTION.

DESCRIPTION OF PROPOSED IMPROVEMENT (ATTACH PLANS IF APPLICABLE) (PROVIDE PAINT SWATCH IF APPLICABLE):

PROPOSED IMPROVEMENTS (EXPLAIN SCOPE OF WORK IN DETAIL): _____

ATTACH ADDITIONAL SHEET IF NEEDED

COST ESTIMATES FOR PROPOSED SCOPE OF WORK:

COST ESTIMATE #1

PROPOSED IMPROVEMENT TYPE: _____

CONTACT FOR PROPOSED SCOPE OF WORK

CONTACT NAME: _____

COMPANY NAME: _____

TELEPHONE #: () _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____

ACTUAL COST OF WORK: _____

ATTACH COST ESTIMATE, RECEIPT OF MATERIAL, OR INVOICE.

COST ESTIMATE #2

PROPOSED IMPROVEMENT TYPE: _____

CONTACT FOR PROPOSED SCOPE OF WORK

CONTACT NAME: _____

COMPANY NAME: _____

TELEPHONE #: () _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____

ACTUAL COST OF WORK: _____

ATTACH COST ESTIMATE, RECEIPT OF MATERIAL, OR INVOICE.





WILDWOOD
FLORIDA

Development Services Department
100 N Main Street
Wildwood, FL 34785

Melanie Peavy, CPM, AICP
CRA Coordinator

Email: mpeavy@wildwood-fl.gov | PH: 352-330-1330 ext. 115

PROPERTY OWNER INFORMATION / AUTHORIZATION:

OWNER NAME: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: () _____ EMAIL: _____

I, _____ AS OWNER OF THE PROJECT PROPERTY HEREBY PROVIDE AUTHORIZATION TO THE APPLICANT TO REHABILITATE THE SAID PROPERTY AND THAT THE APPLICANT HAS THE AUTHORITY TO SIGN AND ENTER INTO AN AGREEMENT TO PERFORM THE REHABILITATION WORK ON THE PROPERTY. OWNER ALSO HEREBY ACKNOWLEDGES THE FOLLOWING:

- ❖ OWNER AGREES TO THE CONDITIONS AND RESTRICTIONS OF THE CRA BUSINESS FACADE MATCHING GRANT PROGRAM.
- ❖ OWNER HAS BEEN PROVIDED A COPY OF THE PROGRAM GUIDELINES, AND HAVE READ AND UNDERSTANDS THEM.

OWNER'S SIGNATURE

Dated this _____ day of _____ 20____

Signature _____

Printed Name _____

State of Florida _____

County of _____

The foregoing document was acknowledged before me by means of _____ physical presence or _____ online notarization this _____ day of _____ 20____ by _____ personally known to me or who has produced _____ as identification.

_____ (Seal)

Notary Public, State of Florida

My Commission expires _____





CERTIFICATION / SIGNATURE OF APPLICANT:

I, _____ CERTIFY THAT ALL INFORMATION IN THIS APPLICATION, AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS APPLICATION, IS GIVEN FOR THE PURPOSE OF OBTAINING A 50/50 REIMBURSEMENT GRANT AND IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

IF THE APPLICANT IS NOT THE OWNER OF THE PROPERTY TO BE REHABILITATED OR, IF THE APPLICANT IS NOT THE SOLE OWNER OF THE PROPERTY, THE APPLICANT CERTIFIES THAT HE/SHE HAS THE AUTHORITY TO SIGN AND ENTER INTO AN AGREEMENT TO PERFORM THE REHABILITATION WORK ON THE PROPERTY.

SUCCESSFUL APPLICANTS IN THE CRA BUSINESS FAÇADE MATCHING GRANT PROGRAM ARE ENCOURAGED TO CONTRACT WITH LOCALLY OWNED BUSINESSES WHEN AVAILABLE FOR THE PURPOSES OF FULFILLING THIS GRANT.

VERIFICATION OF ANY INFORMATION CONTAINED IN THIS APPLICATION MAY BE OBTAINED ON BEHALF OF THE CRA FROM ANY AVAILABLE SOURCE.

APPLICANT ALSO HEREBY ACKNOWLEDGES THE FOLLOWING:

- ❖ APPLICANT HAS READ AND UNDERSTANDS THE PROGRAM GUIDELINES AND CRITERIA.
❖ APPLICANT MUST MEET ALL CITY REQUIREMENTS AND CODES.
❖ APPLICANT UNDERSTANDS THAT FINAL APPROVAL IS BY COMMUNITY REDEVELOPMENT AGENCY (CRA).

APPLICANT'S SIGNATURE

Dated this _____ day of _____ 20____

Signature _____

Printed Name _____

State of Florida _____

County of _____

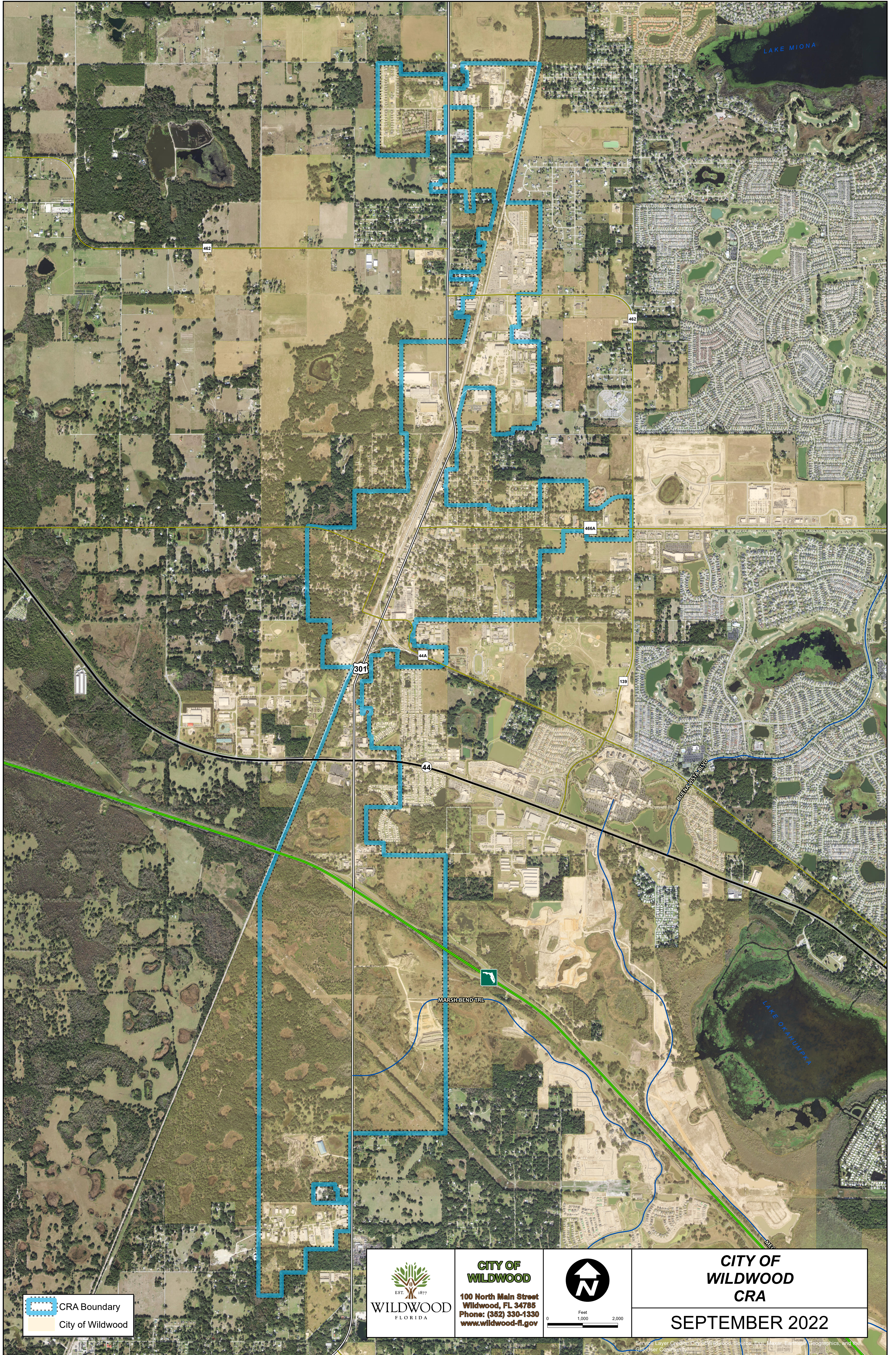
The foregoing document was acknowledged before me by means of physical presence or online notarization this ___ day of _____ 20___ by _____ personally known to me or who has produced _____ as identification.

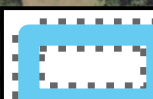

(Seal)
Notary Public, State of Florida

My Commission expires _____

FOR OFFICE USE ONLY
DATE STAMP RECEIVED
SUBMISSION DATE: _____
APPROVAL DATE: _____






 CRA Boundary
 City of Wildwood


EST. 1877
WILDWOOD
FLORIDA

CITY OF WILDWOOD
100 North Main Street
Wildwood, FL 34785
Phone: (352) 330-1330
www.wildwood-fl.gov


Feet
1,000 2,000

CITY OF WILDWOOD
CRA
SEPTEMBER 2022

Service Layer Credits: City of Wildwood, Source: Esri, Maxar, Earthstar, Geographics, and others, GIS User Community