



FAÇADE IMPROVEMENT GRANT PROGRAM OVERVIEW

The Façade Improvement Program provides grants to businesses or property owners to enhance their store fronts. Grant funds can be used for painting, safety lighting, anti-graffiti film coating on windows, awnings, signage, murals, limited exterior structural improvements, and limited landscaping, with priority on painting, lighting, and anti-graffiti film coating.

Program participants will receive \$10,000 whole grant, and up to \$5,000 additional matching grant funds. All grant funding is provided as reimbursement for project costs.

Additionally, reimbursement to a design consultant for façade design services is available for up to an additional \$1,000 per project.

All façade projects must comply with prevailing wage requirements.



FACADE IMPROVEMENT PROGRAM APPLICATION

BUSINESS NAME: _____

DATE: _____

BUSINESS OWNER: _____

PROPERTY OWNER: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

LIST ALL LEGAL OWNERS/PARTNERS (*Attach additional sheets if necessary*)

PROPOSED PROJECT (described proposed improvements here; attach photos of all areas for which improvements are proposed): _____

WHO IS TO BE THE PRIMARY CONTACT ON THIS PROJECT?

NAME: _____

PHONE: _____ FAX: _____

MAILING ADDRESS: _____

EMAIL: _____

- I/we certify that the building owner is the owner of the property.
- I/we certify that there are no current code enforcement actions pending against this property.*
- I/we have attached a copy of all current leases.
- I/we have attached relevant photos of the building façade(s) to be included in this program.
- I/we have reviewed the program overview and guidelines, have familiarity with responsibilities of each party and understand that:
 - The Façade Improvement grant is paid to the applicant as reimbursement of paid invoices to third party contractor(s).
 - All services to be performed by third party contractors shall be the subject of agreement between applicant and contractor(s).
 - The Agency shall not assume any liability for such agreements, except as specifically authorized by the program.

I/we have read and understand the program guidelines, accept the qualifications and conditions and through signature(s) below, certify that I/we are qualified and will abide by such conditions set forth in this application and all reasonable conditions which may be issued by the Redevelopment Agency in the implementation of this program.

* *If there are outstanding violations, I/we certify that they will be addressed prior to or through the façade improvement program.*

Please describe: _____

BUSINESS OWNER:

By: _____
(Signature)

By: _____
(Signature)

Date: _____

BUILDING/PROPERTY OWNER:

By: _____
(Signature)

By: _____
(Signature)

Date: _____

Attach additional sheets if necessary.

This form should be completed and returned to City of Santa Cruz Economic Development Department, 337 Locust Street, Santa Cruz, CA 95060. For additional information, please call (831) 420-5158 or email Alison Cameron acameron@cityofsantacruz.com