



Community Redevelopment Agency

Residential Improvement Grant Program

This program provides a 50% matching reimbursement grant, up to \$10,000.

ELIGIBLE IMPROVEMENTS

- ❖ Central Heating and Air Conversion or Replacement
- ❖ Total Electrical Rewiring Upgrade
- ❖ Total Plumbing Upgrade
- ❖ Sanitary Sewer Connection
- ❖ Replacement Roof (excluding repairs)
- ❖ Storm Shutter Installation
- ❖ Replacement Windows
- ❖ Replacement Exterior Doors
- ❖ Exterior Painting (excluding repairs)
- ❖ Siding or Skirting Installation
 - *Metal siding or skirting is not eligible*
- ❖ Privacy Fence Installation
 - *Repairs and chain-link fencing are not eligible*
- ❖ Outdoor Security Camera System Installation
 - *Must be hardwired to principal structure*
 - *Wireless security cameras are not eligible*
- ❖ Wheelchair Ramp Installation

PROGRAM ELIGIBILITY GUIDELINES:

- Property must be located within an Escambia County designed Community Redevelopment District. Call (850) 595-3217 to verify location.
- Applicant(s) must be the property owner(s).
- Property must be used for residential purposes. (mobile/manufactured homes are not eligible)
- Property must not have outstanding judgment liens, code violations, and/or delinquent ad valorem property taxes.
- Property must be homestead exempt.
- Accessory Structures are not eligible.
- Not intended for new construction.

Project Commencement

Project must not have commenced until the final grant application and agreement(s) have been submitted to and approved by the Escambia County Community Redevelopment Agency (CRA), and Board of County Commissioners (BCC).

Applicant Match

Applicant must provide 100% of project costs upfront. The Community Redevelopment Agency will provide a 50% reimbursement, up to **\$10,000**, for eligible improvements approved under this program upon project completion, and submittal of all required documentation.

Lien Requirement

Applicant(s) must agree to enter into a lien agreement with the Community Redevelopment Agency. A three (3) year lien is required. **The lien will be forgiven after three (3) years from the date the lien agreement is recorded in the public records provided that:**

- Improvements are not altered, modified, removed, demolished, sold, or transferred and/or;
- Property is not converted to 100% non-residential use.

*****If any of these activities should occur within the above-mentioned three (3) year period, and/or without prior approval, total funds granted will become due and must be repaid in full.**

Grant funding is based on availability. Grant funding is provided on a first qualified, first served basis.

Application Submittal Instructions

Use CRA Form Res Improv rev. 5-7-2024

1. Complete and Sign Application Form

Attach the following documentation:

Proof of Property Ownership - copy of deed

2. Obtain Three (3) Quotes from Contractors that include labor, materials and permitting in the total project costs

- a. Each quote must have the same specifications and/or scope of work.**
- b. All quotes must be obtained from licensed contractors with businesses registered to operate in the State of Florida. Contractors must have an active license.**
- c. Indicate Selected Contractor.
(Selected Contractor must have the lowest bid)**
- d. The selected contractor must be in good standing with Escambia County.**

3. Sign Memorandum of Understanding (MOU) Form

4. Sign "Notice to Applicant(s): Florida Public Records Law, F.S. Chapter 119"

5. Sign Hold Harmless Agreement

6. Complete and Sign W-9 Tax Form

7. Submit documentation listed above (steps 1-6) by mail, in-person, or email to:

Escambia County Community Redevelopment Agency
221 Palafox Place, Suite 320, Pensacola, FL 32502
Phone: (850) 595-3217
Email: CRA@myescambia.com



APPLICATION FORM

Community Redevelopment Agency
Residential Improvement Grant Program
CRA Form Improv rev. 5-7-2024

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

REDEVELOPMENT DISTRICT:

- | | | |
|-------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> ATWOOD | <input type="checkbox"/> BARRANCAS | <input type="checkbox"/> BROWNSVILLE |
| <input type="checkbox"/> CANTONMENT | <input type="checkbox"/> ENGLEWOOD | <input type="checkbox"/> ENSLEY |
| <input type="checkbox"/> OAKFIELD | <input type="checkbox"/> PALAFOX | <input type="checkbox"/> WARRINGTON |

ASSISTANCE IS REQUESTED TO COMPLETE THE FOLLOWING ELIGIBLE IMPROVEMENTS *(Check all that apply):*

C – Contractor License Required

P – Permit Required

- | | |
|--|---|
| <input type="checkbox"/> Total Electrical Rewiring Upgrade (C P) | <input type="checkbox"/> Replacement Roof (C P) |
| <input type="checkbox"/> Replacement Windows (C P) | <input type="checkbox"/> HVAC Conversion or Replacement (C P) |
| <input type="checkbox"/> Replacement Exterior Doors (C P) | <input type="checkbox"/> Storm Shutter Installation (C P) |
| <input type="checkbox"/> Sanitary Sewer Connection (C P) | <input type="checkbox"/> Exterior Painting (C) |
| <input type="checkbox"/> Total Plumbing Upgrade (C P) | <input type="checkbox"/> Privacy Fence Installation (C P) |
| <input type="checkbox"/> Siding or Skirting Installation (C P) | <input type="checkbox"/> Wheelchair Ramp Installation (C P) |
| <input type="checkbox"/> Outdoor Security Camera System Installation (C P) | |

PLEASE PROVIDE A DETAILED DESCRIPTION OF ALL IMPROVEMENTS **FOR WHICH YOU ARE REQUESTING FUNDING** UNDER THIS PROGRAM (If additional space is needed, attach description).....

The information provided on this application is true and complete to the best of my knowledge and belief. I understand the information provided is required to determine my eligibility and does not assure my qualification. I agree to provide other documentation as may be required to determine my eligibility under this program.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____



**COMMUNITY REDEVELOPMENT AGENCY
MEMORANDUM OF UNDERSTANDING (MOU)**

I, THE APPLICANT/CO-APPLICANT, AFFIRM THAT WORK HAS NOT COMMENCED ON ANY PORTION OF THE PROJECT REQUESTED FOR FUNDING UNDER THE COMMUNITY REDEVELOPMENT AGENCY (CRA) RESIDENTIAL IMPROVEMENT GRANT PROGRAM.

I, THE APPLICANT/CO-APPLICANT, UNDERSTAND THAT WORK MAY NOT COMMENCE UNTIL FUNDING FOR MY PROPOSED PROJECT HAS BEEN APPROVED BY THE ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS (BCC) AND A NOTICE TO PROCEED ISSUED BY THE CRA.

I, THE APPLICANT/CO-APPLICANT, UNDERSTAND THAT 100% OF THE PROJECT COSTS MUST BE PAID UPFRONT. I ALSO UNDERSTAND THAT I MUST SUBMIT PROOF THAT ALL WORK HAS BEEN PAID IN FULL, AND (AS APPLICABLE) PASSED INSPECTION REPORT(S) TO RECEIVE REIUMBURSEMENT.

I, THE APPLICANT/CO-APPLICANT, UNDERSTAND THAT I WILL ONLY RECEIVE REIUMBURSEMENT FOR THE AMOUNT INDICATED IN THE LIEN AGREEMENT, REGARDLESS OF ANY ADDITIONAL COSTS THAT MAY ARISE DURING CONSTRUCTION.

I, THE APPLICANT/CO-APPLICANT, UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR ADDRESSING ANY AND ALL ISSUES ASSOCIATED WITH SERVICES PROVIDED BY THE CONTRACTOR(S), SUCH AS, BUT NOT LIMITED TO, INSPECTIONS, WORKMANSHIP, ADDITIONAL WORK/COSTS, DEFECTIVE WORK, DELAYS, DAMAGES AND WARRANTIES.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Program Administrator: _____

Date: _____

HOLD HARMLESS AGREEMENT

I, hereinafter referred to as the Applicant(s), do hereby agree to hold Escambia County and the State of Florida, as well as their respective agents, assigns, and/or employees, harmless from any action regarding this application and/or construction services. It is further understood and agreed that in consideration for assistance provided by Escambia County's Community Redevelopment Agency for the Residential Improvement Grant Program, applicant hereby agrees to defend, indemnify and hold harmless Escambia County, Escambia County's Board of County Commissioners, the State of Florida and their respective agents, assigns, and/or employees from all claims by any person or persons arising from the act or acts of any third person, or persons in connection with the services provided.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____



Escambia County Community Redevelopment Agency
221 Palafox Place, Suite 320
Pensacola, FL 32502
Phone: (850) 595-3217
Email: CRA@myescambia.com

NOTICE TO APPLICANT(S): FLORIDA PUBLIC RECORDS LAW, F.S. CHAPTER 119

CRA Form-Public Records Notice-2015-11

This is a notice to you regarding the State of Florida’s Public Records Law, Florida Statutes (F.S.) Chapter 119: Public Records. Under F.S. Chapter 119, the law requires that any records made or received by public agencies in the course of official business must be made available for inspection by the general public, unless specifically exempted by the Florida Legislature, or deemed confidential or exempted under federal law. Please be advised that in the course of the release of public records, Escambia County may release personal information including home address, email address and phone number, unless specifically exempted under law. You are hereby notified, pursuant to F.S. Chapter 119, that disclosure of your social security number has been collected on this application for identification and financial verification purposes to determine eligibility under this program, and will not be utilized for any other purpose, and/or released to any other agency and/or person(s) except where required under law. Please refer to F.S. Chapter 119.071 for details on Florida Public Records Law general exemptions.

The Community Redevelopment Agency requests that you disclose any exemptions under F.S. Chapter 119.071 which may apply to any person or persons referenced on this application for assistance.

Please check a box below:

[] The person(s) referenced on this application qualify for the following exemptions under F.S. Chapter 119.071 (please indicate the full name of the person(s) qualifying for exemptions listed):

[] The person(s) referenced on this application do not qualify for any exemptions under F.S. Chapter 119.071.

Your signature below confirms your review and understanding of this notification as it relates to the State of Florida’s Public Records Law, F.S. Chapter 119, and applicable exemptions:

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Program Administrator: _____

Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.