Community Redevelopment Agency

Commercial Sign Grant Program

This program provides a 50% matching reimbursement grant, up to $2,000.

ELIGIBLE IMPROVEMENTS

❖ **Exterior Free Standing Sign (Permanent, Fixed Structure Only)**	❖ **Exterior Wall Sign (Permanent, Fixed Structure Only)**

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) or commercial leasee(s).**
- **Property must be zoned for commercial or industrial use and used for commercial or industrial purposes.**
- **Property must not have outstanding judgment liens, code violations, and/or delinquent ad valorem property taxes.**

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 $2,000, for eligible improvements approved under this program upon project completion, and submittal of all required documentation.

Grant funding is based on availability. Grant funding is provided on a first come, first served basis, however, preference will be provided to first time applicants.

Application Submittal Instructions

CRA Form Sign Instruction 2015-11

1. **Complete and Sign Application Form**

Attach the following documentation:

a. **Proof of Property Insurance** – Current Home Insurance Policy and/or Home Insurance Bill or Statement
b. **Proof of Property Ownership or Leasing Status**- Copy of Deed or Recent Mortgage Statement and/or Letter OR Lease Agreement (Tenants Only)
c. **Color Photograph of Existing Property Conditions**
d. **Graphic Design of Sign and Lettering Style with Dimensions**

2. **Obtain Three (3) Quotes from Licensed Contractors which include Labor and Materials for Total Project Costs**

a. **Indicate Selected Contractor**
(Selected Contractor may not exceed 10% of the lowest bid)
b. **Attach Selected Contractor's License**
c. **Attach Contractor's Dun & Bradstreet (DUNS) Number**

3. **Sign Memorandum of Understanding (MOU) Form**

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

5. **Complete and Sign W-9 Tax Form**

6. **Submit documentation listed above (steps 1-5) by mail, fax or email to:**

Escambia County Community Redevelopment Agency
221 Palafox Place, Suite 305, Pensacola, FL 32502
Phone: (850) 595-3217
Fax: (850) 595-3218
Email: CRA@myescambia.com

APPLICATION FORM

Community Redevelopment Agency
Commercial Sign Grant Program
CRA Form Sign 2015-11

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ **EMAIL ADDRESS:** _____

PROPERTY OWNER: ☐ YES ☐ NO

OUTSTANDING CODE VIOLATIONS OR JUDGEMENT LIENS: ☐ YES ☐ NO
IF YES, INDICATE WHICH: _____

DELINQUENT ON AD VALOREM PROPERTY TAXES: ☐ YES ☐ NO
IF YES, INDICATE WHICH: _____

REDEVELOPMENT DISTRICT:

☐ **ATWOOD**	☐ **BARRANCAS**	☐ **BROWNSVILLE**
☐ **CANTONMENT**	☐ **ENGLEWOOD**	☐ **ENSLEY**
☐ **OAKFIELD**	☐ **PALAFOX**	☐ **WARRINGTON**

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

☐ **Exterior Free Standing Sign (Fixed and Permanent Structure)**	☐ **Exterior Hanging Sign (Fixed and Permanent Structure)**

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)
CRA Form Sign-MOU-2015-11

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) COMMERCIAL SIGN GRANT PROGRAM.

I 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.

Applicant Signature: _____ **Date:** _____

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

Program Administrator: _____ **Date:** _____

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:** _____

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

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; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ 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)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

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?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.