

**Façade Beautification Program Grant Application  
Hawthorne Community Redevelopment Agency**

*Community Redevelopment Agency  
PO Box 1270 Hawthorne, FL 32640  
Phone (352 481-2432, Fax (352) 481-2437*

**\*\*INSTRUCTIONS\*\***

- **PLEASE READ ALL SECTIONS – INCOMPLETE APPLICATIONS WILL NOT BE EVALUATED**
- **ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED**
- **PLEASE TYPE OR PRINT LEGIBLY**

***SECTION 1 APPLICANT INFORMATION***

Your Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_)\_\_\_\_\_ E-Mail: \_\_\_\_\_

Building Address: \_\_\_\_\_  
\_\_\_\_\_

If you are not the Building Owner, please complete Section 2 below.

***SECTION 2 BUILDING OWNER INFORMATION (To be completed by tenant)***

Owner Name: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_)\_\_\_\_\_ E-Mail: \_\_\_\_\_

***SECTION 3 BUILDING INFORMATION***

1. Building Address: \_\_\_\_\_  
\_\_\_\_\_

2. Building improvements proposed in this application. Circle all that apply and provide square footage (sqft) where noted. (Each improvement is valued at 1 point)

Painting sqft \_\_\_\_\_  
 Signage \_\_\_\_\_  
 Replace windows sqft \_\_\_\_\_  
 Replace doors sqft \_\_\_\_\_  
 Exterior lighting \_\_\_\_\_  
 Remove old cladding (stucco, metal) \_\_\_\_\_  
 Repair masonry \_\_\_\_\_  
 Remove old wiring \_\_\_\_\_  
 Repair wood work \_\_\_\_\_  
 Landscape Improvements \_\_\_\_\_  
 Fencing \_\_\_\_\_  
 Other \_\_\_\_\_ (Use separate sheet if needed)

**SECTION 4 COST ESTIMATES**

You must attach at least two cost estimates from desired contractors or suppliers for all categories of work. All estimates must include identical scopes of service. If applicable to the selected prime contractor, attach copies of contractor’s general liability insurance certificate and contractor’s license.

Please check the contractor selected for this project.

- Name of Contractor/Supplier #1: \_\_\_\_\_  
 Cost Estimate: \$ \_\_\_\_\_
- Name of Contractor/Supplier #2: \_\_\_\_\_  
 Cost Estimate: \$ \_\_\_\_\_

Please list other estimates on a separate sheet if there are more than two.

Grant amount requested: \$ \_\_\_\_\_ (must be \$4,000 or less)

Matching funds provided by applicant: \$ \_\_\_\_\_

Matching funds as percentage of grant amount \_\_\_\_\_%

**SECTION 6 SIGNATURES**

Your application must include all of the following:

1. Proof of building ownership or letter of consent from the owner. Copies of deeds and county tax records will be accepted as proof.
2. Photograph of the existing building showing exterior conditions.
3. Sketches and/or elevations of proposed improvements, including colors.

4. Description of materials to be used and improvements to be made. Be sure to mention anything that earns points for your application.
5. Cost estimate(s). Scopes of service from each contractor must be identical.
6. Copy of selected contractor's general liability insurance certificate and contractor's license.
7. Copy of applicant's occupational license.

**AS APPLICANT, I understand that this grant does not constitute a permit and permits must be obtained in order for the work to be allowed. I also understand that the CRA is responsible only for the grant amount and no more.**

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**Signature of Applicant**

**Date**

**AS BUILDING OWNER, I certify that I have reviewed the Program, attached hereto as Exhibit 1 and incorporated herein and understand that this grant will pay a portion of building improvements to be completed and I approve of the proposed improvements.**

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**Signature of Building Owner**

**Date**

**FOR CRA USE ONLY: DO NOT WRITE IN THIS SECTION**

**Date & Time Application Received:**

**Received by (print name):**

**CRA Board Review Date:**

- Proof of ownership attached?  Yes  No
- Photographs attached?  Yes  No
- Description of materials and improvements attached?  Yes  No
- Sketches attached?  Yes  No
- Contractor estimates attached?  Yes  No
- Contractor insurance attached?  Yes  No

- Reviewed Debt status, lean & code violation?  Yes  No
- Copy of Business License attached?  Yes  No
- Total points: \_\_\_\_\_
- Final Approval by CRA Director
  - Date: \_\_\_\_\_  Yes  No
- Final Approval by CRA Board
  - Date: \_\_\_\_\_  Yes  No