

# FAÇADE IMPROVEMENT PROGRAM

Sharon and Hermitage, PA

## APPLICATION FORM

- APPLICATIONS ARE REVIEWED ON A REGULAR BASIS UNTIL ALL AVAILABLE FUNDS HAVE BEEN AWARDED
- DEADLINES FOR REGULAR REVIEW ARE: **April 30, June 30, & August 30, 2024**
- WORK THAT HAS ALREADY BEEN CONTRACTED OR BEGUN IS *IN*ELIGIBLE FOR GRANTS
- THERE COULD BE A 3-4 MONTH LAG TIME BEFORE LEARNING IF YOUR GRANT IS APPROVED
- THIS IS A REIMBURSEMENT GRANT; YOU MUST BE APPROVED BEFORE STARTING WORK, PAY FOR THE WORK UP FRONT, AND SUBMIT ELIGIBLE RECEIPTS IN ORDER TO BE REIMBURSED.

Name of the person filling out this application: \_\_\_\_\_  
\_\_\_\_\_

I am:  
 Property Owner  
 Tenant

Today's Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Name of the business or property: \_\_\_\_\_

My business is:

Property Address: \_\_\_\_\_

For profit

Tax Parcel ID #: \_\_\_\_\_

Non-profit

If you are the tenant, what is the property owner's name: \_\_\_\_\_

Federal Employer Identification Number (EIN): \_\_\_\_\_ UEI Number, if you have one: \_\_\_\_\_

Demographic Information (optional): Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ Race \_\_\_\_\_

Please indicate the improvements included in your project proposal:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Signage           | <input type="checkbox"/> Masonry, Woodwork, Metals, Architectural Finishes | <input type="checkbox"/> Professional Design/Architectural Assistance |
| <input type="checkbox"/> Windows           | <input type="checkbox"/> Exterior Cleaning/Painting                        | <input type="checkbox"/> Gutters and downspouts                       |
| <input type="checkbox"/> Doors             | <input type="checkbox"/> Awnings/Canopies                                  | <input type="checkbox"/> Sandwich Board                               |
| <input type="checkbox"/> Accessibility     |  | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Exterior Lighting |  |   |

You can request up to \$5,000. A 50% match is required (so for every \$1 you request, you must invest \$1 out of your pocket). For example, if you request \$1,000 you must also invest \$1,000 (for a total of at least a \$2,000 project).

Requested grant amount: \$ \_\_\_\_\_ Total estimated project cost: \$ \_\_\_\_\_

Please provide a brief narrative detailing the scope of the project, including any deteriorating features that will be addressed (if applicable):

Please describe any plans for improvements beyond what will be covered in this project (if applicable):

Is building fully occupied? YES NO

How long has business been in operation? \_\_\_\_\_

Timeframe for project completion: \_\_\_\_\_

#####

**PLEASE SUBMIT YOUR APPLICATION & MATERIALS BY DELIVERING OR MAILING TO:**

**Sharon Municipal Building**  
Community Development Department  
155 W. Connelly Blvd.  
Sharon, PA 16146

\*Hermitage and Sharon business applicants should submit materials to the Sharon Municipal Building.

A 'Design Review Committee' made up of both Hermitage and Sharon representatives will oversee the joint program.

**PLEASE INCLUDE IN YOUR APPLICATION PACKAGE:**

1. Completed '**APPLICATION FORM**'
2. Signed '**APPLICANT'S CERTIFICATION & RELEASE**'
3. Project **COST ESTIMATES/QUOTES (FROM AT LEAST 3 CONTRACTORS)** for all components of the project. If doing work yourself, a single materials estimate is sufficient
4. Current **COLOR PHOTOGRAPHS** of the building (before and after photos are required)
5. Applicable **RENDERINGS**, diagrams, sketches, photos, color swatches, schemata, etc. that offer an understanding of what you plan to do
6. One copy of the **PROPERTY DEED COVER PAGE** showing legal name of owner(s), if owner is the applicant
7. **PROPERTY OWNER SUPPORT LETTER**, if applicant is not the property owner
8. **CERTIFICATE OF OCCUPANCY** for Sharon based businesses
9. **CERTIFICATE OF COMPLETED FIRE INSPECTION** for Sharon based businesses
10. Any additional information that you feel would be helpful in the evaluation process

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## APPLICANT'S CERTIFICATION & RELEASE

The undersigned certifies that the 'Application Guidelines' and this 'Certification & Release' have been read and understood, including the following:

1. That the Sharon Community Development Corporation (SCDC) is a nonprofit organization which is dedicated to encouraging and guiding the revitalization and development in downtown Sharon;
2. that the SCDC is administering the program to the extent necessary (a) to determine whether a particular application falls within and will further the purpose of the program and (b) to rank submitted applications on the basis of the degree to which the purpose of the program will be furthered;
3. that the SCDC may place a sign on the premises which is prominently visible to passersby or promote the project in any other manner which is consistent with this program;
4. and that participation in the program is not a right.

In order for the Sharon Community Development Corporation and the municipalities of Sharon and Hermitage to accept an application for processing, each of the undersigned, for himself/herself, his/her heirs, executors, administrators or assigns (or if a corporation for its successors and assigns) hereby releases and agrees to hold harmless these entities and its directors, officers, and employees from all rights, claims, and actions which the undersigned may hereafter have against these entities arising out of the receipt and processing of the application presented herewith.

I/We authorize the Sharon Community Development Corporation (SCDC), City of Sharon, and City of Hermitage to make inquiries as necessary to verify the accuracy of the statement made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purpose of either obtaining a loan, guaranteeing a loan, or continuing credit. I/We understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**PROPERTY OWNER SUPPORT LETTER  
FOR TENANT INITIATED PROJECTS**

To: Façade Improvement Program, Design Review Committee

This letter is to certify that I have seen the plans for and give my approval for the proposed tenant improvements by \_\_\_\_\_ to the property located at \_\_\_\_\_, which I own.

I understand that it is my responsibility to apply for a zoning permit for this project and to ensure that a final inspection by the Sharon or Hermitage Zoning Office is scheduled and completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date