

2019 PROPERTY IMPROVE	EMENT GRANT A	PPLICATION	1 2 3 3 4	Ser Alter Start		
Date:	Has work began 🛛 yes 🖾 no 🛛 Buildi		Building P	ng Permit acquired 🛛 yes 🗆 no		
PROJECT DETAILS				S. 55	A THE WAY AND THE	
Project location:						
Folio number:		Year built:				
Total retail (sq. Ft.):		Year open:				
Estimated Project Duration	(days):	Business Typ	be: (	(Restaurant, Retail, or Office)		
How many funds are you ap	oplying for? (ca	annot exceed \$50,00	0)			
Attached itemized scope of	work statement b	eing proposed (requi	red):	□ yes □ n	0	
APPLICANT DETAILS						
Applicant's name:				Business owner	r □ yes □ no	
Applicant's address:				The property ov	vner □ yes □ no	
Email:						
Telephone:						
BUSINESS DETAILS	연습 환자 갑자	1 - S. S. S.			la fi i califi Latinga da Sara	
Business owner						
Business name:						
Is business registered in the	e State of Florida,	City of Miami and M	iami-Dade	e County?	□ yes □ no	
EIN number:						
Percentage of			2			
Business mailing						
Business owner phone:		Business own	ner			
Years in Business:		Years at				
Number of jobs created or r	etained:					
PROPERTY / OWNER DET	AILS			A. 1. A. 1. 1. 2.		
Property owner name:						
Property owner address:						
Property owner phone:		Property own	er email:			



## Acknowledgments

I (Print)\_\_\_\_\_("Applicant") acknowledge that I\_\_\_\_\_\_is seeking grant assistance using the Downtown Miami Property Improvement Grant Program for improvements to the real property located at\_\_\_\_\_\_.

I understand that I must comply with the Policies and Procedures as outlined in the Grant agreement for the program and that I have read and understand the Program Guidelines.

I also understand that if granted assistance through this program I will be required to maintain the improved property for a minimum period of three years from completion.

In the event that the improvements are not maintained, I understand that grant funds used for my project may have to be returned to Miami DDA.

WITNESS	APPLICANT	
Signature:	Signature	
Print Name:	Print	
	Title:	

SCOPE OF WORK STATEMENT				
(Quantity)	(Detailed discerption of the item)	(Estimated cost of the item)		
	-3			



Please use the space below to provide any additional information you would like us to know about your business or project.

Is the property located within the Central Business district or National Historic district?	□ yes □ no
Is the property a historic or contributing building?	□ yes □ no

3		
		2



## Map of Miami DDA District Boundaries

