

2019 PROPERTY IMPROVEMENT GRANT APPLICATION

Date:		Has work begun <input type="checkbox"/> yes <input type="checkbox"/> no	Building Permit acquired <input type="checkbox"/> yes <input type="checkbox"/> no
-------	--	---	---

PROJECT DETAILS

Project location:			
Folio number:		Year built:	
Total retail (sq. Ft.):		Year open:	
Estimated Project Duration (days):		Business Type:	<i>(Restaurant, Retail, or Office)</i>
How many funds are you applying for?	<i>(cannot exceed \$50,000)</i>		
Attached itemized scope of work statement being proposed (required):	<input type="checkbox"/> yes <input type="checkbox"/> no		

APPLICANT DETAILS

Applicant's name:		Business owner <input type="checkbox"/> yes <input type="checkbox"/> no
Applicant's address:		The property owner <input type="checkbox"/> yes <input type="checkbox"/> no
Email:		
Telephone:		

BUSINESS DETAILS

Business owner			
Business name:			
Is business registered in the State of Florida, City of Miami and Miami-Dade County?	<input type="checkbox"/> yes <input type="checkbox"/> no		
EIN number:			
Percentage of			
Business mailing			
Business owner phone:		Business owner	
Years in Business:		Years at	
Number of jobs created or retained:			

PROPERTY / OWNER DETAILS

Property owner name:			
Property owner address:			
Property owner phone:		Property owner email:	

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?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the property a historic or contributing building?	<input type="checkbox"/> yes <input type="checkbox"/> no

Map of Miami DDA District Boundaries

