

Storefront Improvement Program Application

APPLICANT *(Please complete a W-9 and submit it with this application)*

Name: *(Person authorized to sign the grant)* _____

Company Name: _____

Address: _____

City: _____ Zip Code: _____

Project Contact Name: _____ Phone Number: _____

Mobile Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Is your company a franchise? Yes No

How many locations are in the City of Portland: _____

City of Portland Business License number: _____

You are required to have a City of Portland Business License or proof of exemption to apply for this program.

Jobs: _____ Current # company-wide: _____ Current # at site: _____ Expected # at site in 2 years _____

BRIEF DESCRIPTION OF YOUR COMPANY

PROPERTY OWNER

If applicant is not the owner of the property, PDC Program requires additional authorization. The property owner will need to co-sign the Storefront Application.

Company Name: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

BUILDING/BUSINESS TO BE REHABILITATED

Project Name: _____

Project Contact Name: _____

Address: _____ Zip Code: _____

Property Tax Account Number: R- _____

STOREFRONT IMPROVEMENTS

Brief description of proposed exterior improvements: _____

Is other work being proposed in addition to the above description? Yes No

Estimated cost of the storefront improvements: \$ _____

Estimated cost of other work (if applicable): \$ _____

Total estimated cost of all work: \$ _____

DESIGN

Do you have an architect working on the project: Yes No

If yes, please provide the architect firm name: _____

Are you interested in having 30 hours of free architectural assistance with an architect on contract with PDC?

Yes No

APPROVALS

The applicant understands that the Portland Development Commission as well as other local agencies and commissions must approve the proposed exterior storefront improvements. Certain changes or modifications may be required by these agencies or by the Portland Development Commission prior to final approval. A commitment of funds will not be processed prior to PDC's receipt and approval of necessary bids for the approved work. Any work commenced prior to a commitment letter being issued will not be eligible for reimbursement, and any work deviating from the approved work must be *pre-approved* by PDC in order for the work to be eligible for reimbursement.

SOURCE OF FUNDS

The Storefront Improvement Program is a reimbursement-based grant program. Applicant is responsible for initial payments and might be asked to produce evidence of sufficient funds to cover the work proposed.

CERTIFICATION BY APPLICANT

The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining up to a 75% storefront improvement grant and is true and complete to the best of the applicant's knowledge and belief.

If the applicant is not the owner of the property to be rehabilitated, or if the applicant is not the sole owner of the property, the applicant certifies that s/he has the authority to sign and enter into an agreement to perform the rehabilitation work on the property. Evidence of this authority must be attached.

The Portland Development Commission is dedicated to and promotes diversity in contracting on the projects and programs that it supports or funds. Successful applicants and/or recipients of Storefront Improvement Program assistance are encouraged to contact contractors that are certified by the Oregon Office of Minority, Women, and Emerging Small Business to provide them the opportunity to participate in the Storefront improvement jobs.

Verification of any of the information contained in this application may be obtained by PDC from any available source.

Applicant Signature

Print Name

Date

PROPERTY OWNER AUTHORIZATION

The property owner hereby authorizes the above applicant to make exterior improvements to the building listed above and take advantage of the Storefront Improvement Grant Program.

Property Owner Signature (if not Applicant)

Print Name

Date

PLEASE RETURN APPLICATION TO YOUR PROGRAM COORDINATOR WITH A COMPLETED AND SIGNED W9

Dana DeKlyen

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Pam Johnson

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Amy Fleck-Rosete

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