



**CITY OF BARTOW**  
**COMMUNITY REDEVELOPMENT AGENCY**  
 450 N. Wilson Avenue, Bartow, FL 33830  
 Phone: (863) 534-0121 Fax: (863) 534-0409

**Commercial Improvement Assistance Program Application**

Applicant's Name:	
Mailing Address:	
Business Name:	Type of Business:
Property Owner Name:	
Property Address:	
Applicant's Phone #:	Email:
Estimate Start Date:	Estimate Completion Date:
<b><u>I am applying for the following Commercial Improvement Assistance Program:</u></b>	
<input type="checkbox"/> Façade/Landscape Improvement	Total Cost of Project: _____
<input type="checkbox"/> Tax Increment Financing (TIF) Rebate	Total Cost of Project: _____
<input type="checkbox"/> Zero Interest Loan Program	Total Cost of Project: _____
<input type="checkbox"/> Special Project	Total Cost of Project: _____
<b><u>The following have been attached to this application (please check all that apply):</u></b>	
<input type="checkbox"/> Proof of ownership or letter of content	<u>This column to be filled out by CRA staff:</u> Property Taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Occupational Business License? <input type="checkbox"/> Yes <input type="checkbox"/> No Complies with CRA Design Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No Contractors/vendors eligible for work? <input type="checkbox"/> Yes <input type="checkbox"/> No Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Summary of scope of work	
<input type="checkbox"/> Conceptual plans and/or surveys	
<input type="checkbox"/> Three (3) cost estimates	
<input type="checkbox"/> Photographs	
<input type="checkbox"/> Paint & material samples	
<input type="checkbox"/> Proof of property insurance or Builder's Risk Policy	
<input type="checkbox"/> Profit and Loss Statement or 3 Year Business Plan	
<ul style="list-style-type: none"> <li>• <b>Application will <u>not</u> be reviewed without all supporting data.</b></li> </ul>	
<p>I hereby submit the attached plans and specifications for the proposed project and understand that the Bartow CRA and/or CRA Board must approve these. No work shall begin until I have received written approval from the CRA. Grant monies will not be paid until the project is completed as proposed and paid invoice(s) provided. The project must be completed within 90 days of grant approval. I agree to leave the completed project as approved for a period of 3 years from the date of completion. I understand a W-9 must be provided to the City of Bartow Finance Department.</p>	

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant

Date Submitted \_\_\_\_\_