

FAÇADE IMPROVEMENT PROGRAM

Downtown New Castle, PA

APPLICATION FORM

DUE BY THE LAST DAY OF EACH MONTH (STARTING IN JULY 2023),
AWARDED BY THE LAST DAY OF THE FOLLOWING MONTH,
UNTIL ALL FUNDS HAVE BEEN EXPENDED

Grant Applicant Name(s): _____

I am:

Property Owner

Tenant

Application Date: _____

Applicant's Phone Number: _____

Grant Applicant's Business/Commercial Name: _____

Property Address: _____

Mailing Address, if different than property address: _____

Grant Applicant's Email Address: _____

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

Please indicate the improvements included in your project proposal:

- Signage
- Awnings/Canopies
- Windows
- Doors
- Exterior Lighting
- Exterior Cleaning/Painting
- Masonry, Woodwork, Metals, Architectural Finishes
- Professional Design/Architectural Assistance
- Other: _____

The grant award is equal to 50% of your project costs, up to \$5,000. Requested grant amount: \$ _____

Please provide a brief narrative detailing the scope of the project:

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 completion: _____

Please submit your application materials by delivering to:

the New Castle City Building, c/o Angie Urban, 230 N. Jefferson St., New Castle PA.

Include in your package:

1. Completed '**APPLICATION FORM**'
2. Signed '**APPLICANT'S CERTIFICATION & RELEASE**'
3. Project **COST ESTIMATES/QUOTES (FROM AT LEAST 2 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.
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. 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 New Castle Citywide Development Corporation (NCCDC) is a nonprofit organization which is dedicated to encouraging and guiding the revitalization and development in downtown New Castle;
2. that NCCDC 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 NCCDC 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 New Castle Citywide Development Corporation 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 the New Castle Citywide Development Corporation and its directors, officers, and employees from all rights, claims, and actions which the undersigned may hereafter have against the New Castle Citywide Development Corporation arising out of the receipt and processing of the application presented herewith.

I/We authorize the New Castle Citywide Development Corporation 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 of Birth: _____ SS# _____

Printed Name: _____

Signature: _____ Date of Birth: _____ SS# _____

Printed Name: _____

Date Signed: _____

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

To: the New Castle Citywide Development Corporation
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 building permit for this project, if applicable, and to insure that a final inspection by the New Castle Code Department is scheduled.

Signature

Printed Name

Date