



# Facade Improvement Application

The Wilkinsburg Community Development Corporation (WCDC) is pleased to have funding available for facade improvements of commercial buildings. Applicants within Wilkinsburg's Main Street District will be given priority (See Map on page 3).

Fund requests up to \$5,000 will be considered. An application fee of \$100 is required and will be refunded if your application is not chosen for funding. Checks should be made payable to the Wilkinsburg CDC.

Applications will be accepted on a rolling basis as long as funding is available. Applicants should complete this form and return it to the WCDC office, 1001 Wood Street. Electronic submissions can be sent to: **Josh@wilkinsburgcdc.org**

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_ Application Date: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Address of Building: \_\_\_\_\_

Name and Type of Business: \_\_\_\_\_

### PROPERTY OWNER INFORMATION (if different from Applicant)

Name of Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Proposed Improvements (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Canopy/Awnings               | <input type="checkbox"/> Landscaping Elements                  | <input type="checkbox"/> Security Gates                 |
| <input type="checkbox"/> Display Lighting             | <input type="checkbox"/> Painting                              | <input type="checkbox"/> Tuck pointing/Masonry Repairs  |
| <input type="checkbox"/> Exterior Lighting            | <input type="checkbox"/> Restoration of Architectural Features | <input type="checkbox"/> Windows/Doors                  |
| <input type="checkbox"/> Improvements to entrances    | <input type="checkbox"/> Signage                               | <input type="checkbox"/> Window Boxes-Permanent Planter |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

Describe the scope and purpose of the work to be done: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preliminary Cost Estimate: \$ \_\_\_\_\_ WCDC Grant Request: \$ \_\_\_\_\_

*The WCDC reimburses you once you have paid contractors and the work is completed according to the agreed upon improvements.*

**NOTE: DO NOT START ANY IMPROVEMENTS UNTIL YOU HAVE BEEN NOTIFIED THAT YOUR GRANT HAS BEEN APPROVED BY THE FAÇADE IMPROVEMENT PROGRAM COMMITTEE.**

**Permits must be obtained for improvements as necessary. Improvements may require approval from the Wilkinsburg Community and Civic Arts Commission and should be obtained before work commences if applicable.**

**Statement of Understanding:**

- A. I agree to comply with the guidelines and procedures of the Wilkinsburg Community Development Façade Improvement Program.
- B. I understand that I must submit detailed cost documentation, copies of bids, contracts, invoices, receipts and contractor’s final waiver of lien upon completion of the approved improvements.
- C. I understand that work done before approval of the grant and receipt by the WCDC of a signed Participation and Maintenance Agreements are not eligible for reimbursement.
- D. I understand the Façade Improvement grant is subject to taxation and that the WCDC is required to report the amount and recipient of said grants to the Internal Revenue Service.

*I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information and exhibit herewith submitted are true and correct to the best of my knowledge. The owner invites the WCDC to make all reasonable inspections, investigations and take pictures of the subject property during the process period associated with this application. I authorize the use of any pictures taken by the WCDC.*

*I also understand that in order for my request for funds to be approved, I must agree to work with and follow the recommendations of the Façade Improvement Program Committee and before starting any work following approval of this application, I must complete and sign a Façade Grant Program Agreement.*

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

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

**The following items must be attached to this application in order for it to be considered complete:**

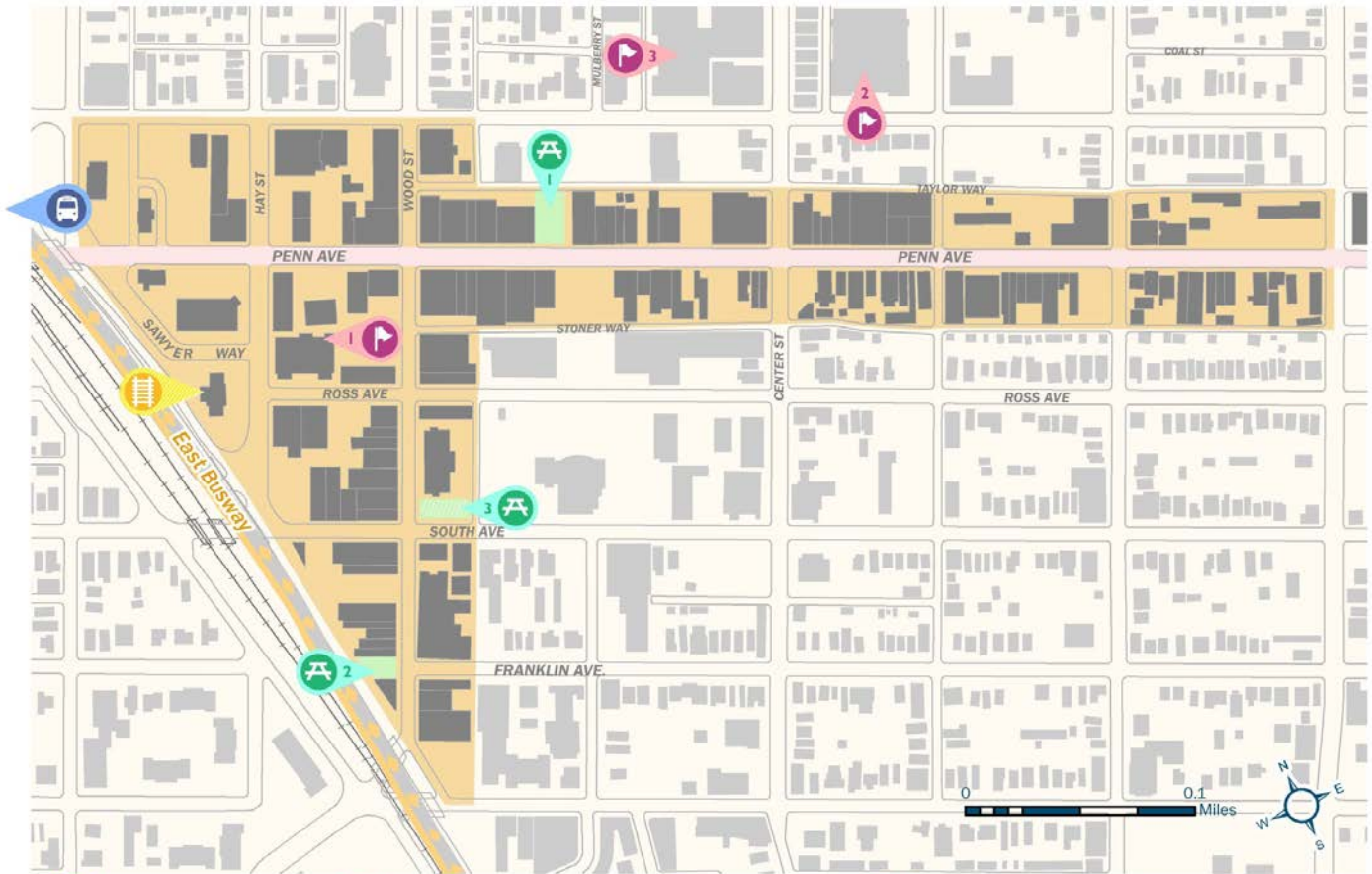
- \$100 Application Fee (refundable if your application is not approved)
- Drawings of proposed improvements
- Cost estimates or bids - consideration should be given to vendors currently doing business in Wilkinsburg. This must include any estimates for architectural or design services, if applicable.
- Business Plan or complete “Business Profile” Form
- If applicant is a tenant, completed “Property Owner Authorization” Form
- Projected timeline for completion, not to exceed 6 months

**Complete Application packets may be submitted to:**  
**Wilkinsburg Community Development Corporation**  
**1001 Wood Street**  
**Wilkinsburg, PA 15221**

**Complete Application packets may also be submitted electronically to:**  
**Josh@wilkinsburgcdc.org**

# Wilkinsburg's Main Street District

## Are you within this area?



 **Historic Wilkinsburg Train Station**  
 Renovation planned (2015-2017)

 **1 Penn Avenue Park**  
**2 Franklin Ave "Gazebo" Park**  
**3 South & Wood Minipark**  
 Planned (2014-2015)

 **East Busway Station**

 **1 Wilkinsburg Borough Building and Library**  
**2 Hosanna House**  
**3 Wilkinsburg High School**



## Business Profile

Business Start Date (month and year): \_\_\_\_\_

Number of Employees, including self: \_\_\_\_\_

Estimated Sales Yearly: \_\_\_\_\_

Describe your business in one to two sentences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goals for current year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Challenges and Obstacles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Opportunities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended a business planning workshop? YES / NO (*circle one*)

If **YES**, **When** was it and **Who** held the workshop? \_\_\_\_\_

\_\_\_\_\_

If **NO**, Are you interested in attending one? YES / NO (*circle one*)



## Property Owner Authorization Form

**This form is to be completed by the property owner if the applicant does not own the property. A copy of the property's current lease must be submitted with this form.**

I, [name of property owner] \_\_\_\_\_, hereby authorize [name of applicant] \_\_\_\_\_ to carry out improvements as specified in the attached Façade Renovation Program Application. The façade renovation project will be carried out on my property, which is located at [address of property] \_\_\_\_\_.

- I certify I have reviewed a copy of the application and am fully aware of what is being proposed.
- I certify I am the legal owner of record and I have the legal right to give this authorization to the grant applicant.
- I agree to hold harmless and indemnify the Wilkinsburg Community Development Corporation and its staff in the event of property damage or physical injury as a result of working on the aforementioned project.

Property owner signature \_\_\_\_\_ Date \_\_\_\_\_

Property owner name (print) \_\_\_\_\_