



## ***Corridor Storefront Improvement Program Application***

Please be sure that you have completed and submitted a Pre-Application form prior to completing this application.

Please print clearly and answer all questions. Completed applications go through a review process and additional information may be required. Please contact the Program Administrator if you need assistance. Once your application has been accepted, you will be notified by the Program Administrator.

**The CSIP is a discretionary program and all awards are made at the sole discretion of DevelopSpringfield.**

### **Applicant Information**

Please indicate:       Building Owner       Tenant

#### **Building Owner Information**

Owner Name \_\_\_\_\_

Building Address \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

#### **Tenant Information**

Name of store, shop or office \_\_\_\_\_

Tenant/Business Owner \_\_\_\_\_

Nature of Business \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Lease Terms \_\_\_\_\_

How many people are employed? \_\_\_\_\_ How long have you owned the business? \_\_\_\_\_

Are there multiple storefronts in the building? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your storefront have exterior roll-down grates? Yes \_\_\_\_\_ No \_\_\_\_\_

Have all City of Springfield taxes levied on the subject building and property been paid to date? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any known code violations, outstanding fees, or other like issues? Yes \_\_\_\_\_ No \_\_\_\_\_

**Project Budget:**

Improvements to be made:	Projected cost:
Total projected cost:	\$
25% Match (25% of project cost):	\$

Projected Start Date \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

Total Estimated Cost of Project \_\_\_\_\_ Grant Amount Requested \_\_\_\_\_

If your application is approved, work on your project must begin within 90 days and be completed within 180 days. However, applicant is not to begin any work before a grant contract is signed and executed, and all required permits have been issued. Project work that is initiated and/or completed prior to grant approval will not be reimbursed by DevelopSpringfield. Please note that the grant amount may be taxable. Please consult your tax advisor.

**Applicant Certification**

I agree that the information provided in this application is accurate and correct to the best of my knowledge and that I have read and understand the program guidelines. I also assure that my person and business are in compliance with all laws, ordinances, rules and regulations of the State of Massachusetts and the City of Springfield.

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

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature of Owner (if different from Applicant) Date \_\_\_\_\_

\_\_\_\_\_  
Please print name

**Please submit the following information with your application:**

- Color photographs clearly showing existing conditions of the building to be improved;
- A written description of your project;
- Project budget;
- Drawings or sketches showing the proposed improvements on the building and placement of other features around the building;
- Scaled design plans if they are available;
- Cost estimate from contractor or vendor, including contact information. Please note:
  - Estimates should be on contractor's or vendor's letterhead
  - Two estimates are needed for projects over \$7,500
- Samples of materials and colors to be used;
- Cost estimates for other products or materials;
- If tenant, submit a copy of lease agreement.

**Please Submit Completed Application to:  
Glenn Davis, CSIP Program Administrator  
DevelopSpringfield  
1182 Main Street  
Springfield, MA 01103  
Phone: (413) 209-8808 or 413-744-3617  
Fax: (413) 209-8808  
glennDavis@massmutual.com**