City of Doral
Façade Improvement Grant Program

50% Reimbursement Grant
Available Up to $10,000 per Business Location

PICK UP APPLICATIONS AT:

City of Doral
City Hall
(3rd Floor)
8401 NW 53rd Terrace
Doral, FL 33166

Grant applications online at: www.cityofdoral.com

Grant Cycle opens - Monday, February 3, 2020

DEADLINE TO RECEIVE APPLICATIONS

No later than 3:30 p.m., Friday, March 6, 2020

For additional information contact:

Manuel Pila, Economic Developer
305-593-6725 ext. 7016, Manuel.Pila@cityofdoral.com

Please submit 1 original completed application to

CITYCLERK@CITYOFDORAL.COM

We suggest you keep a copy also, for your records.
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CITY OF DORAL
FAÇADE IMPROVEMENT GRANT PROGRAM

Brief Description

The Doral Façade Improvement Grant Program provides financial assistance to businesses, homeowner associations and commercial property owners in Doral in order to stimulate private sector investment, beautification, economic growth and job creation in the City, by improving the appearance of the buildings within City boundaries. The program will provide financial assistance by contributing up to 50% of the costs, in an amount not to exceed $10,000 per project, associated with façade and beautification projects for properties throughout City limits. Highly visible properties along major roads and properties in the Décor District will be prioritized.

The competitive grant program can be used for external façade improvements only. The definition for façade shall be the following: Any face of a building given special architectural treatment that parallels either a public or private roadway or any of the following external activities.

- Siding/Stucco
- Walls/Fencing/Railings *
- ADA improvements *
- Pedestrian amenities *
- Windows/Doors *
- Awnings/Canopies *
- Lighting
- Painting (no Building permit required)
- Signage
- Detached monument signs (Planning/Zoning review req’d)
- Sidewalks/Surface Parking * (Public Works permit req’d)
- Landscape/Xeriscape

* May require Miami Dade Fire & other outside agency review.

Please note that a grant application should not be considered an application for a building permit. For more info, please visit the Building Department.
Façade Improvement Grant Program

Guidelines

All businesses must be located in the City of Doral and meet the following eligible criteria:

- Submit one completed original application with all requested documentation.
- Provide proof that the business has been operating for the past 1 year, (example: License, State Corporations, Sales Tax, or utility bill.) Proof must be in business’ name (include copy only).
- Must submit a current Local Business Tax receipt.
- A printed copy of your active State of Florida Corporation OR Fictitious Name if business is incorporated (sunbiz.org).
- Must submit picture of the façade of the business location.
- Must submit renderings of the proposed façade improvement project, signed by a design professional.
- Provide copy of picture ID (driver’s license, Florida ID, or Immigration card) of owner.
- A physical address is required. No P.O Box as mailing address allowed.
- For Homeowner Associations, only publicly visible communal entry features are eligible. Application must be submitted by Homeowner Association and include proof of approval by the association ruling body.

Approval Process (Staff Liaison – Manuel Pila, Economic Development Division, Planning & Zoning Department)

1. A pre-application meeting with the staff liaison is required. Please contact Manuel Pila at Manuel.Pila@CityofDoral.com.
2. This grant application shall be submitted during the application cycle, before deadline, to the City Clerk along with all required documentation including project plans and three (3) quotes from licensed contractors outlining specific job scope.
3. Application will be reviewed by the Economic Development division and scored by a committee appointed by the City Manager.
4. Additional submittal documents may be requested upon review of this application.
5. Applicant will be informed of the approval or denial of this application in writing.
6. If the application is approved, the applicant must then obtain all applicable building permits and approval from Building Department and authorities having jurisdiction, as well as pay applicable fees.
7. Applicants must submit a Final Payment Request including façade improvement project expenditures, applicable building permits and proof of final inspection to the Economic Development division for reimbursement.
8. The grant funds will be issued upon completion of the approved improvements as stipulated in the grant agreement, pending approval of the final inspection by the Building Department and authorization by the City Manager.

AUTOMATIC DISQUALIFICATION:

- Businesses that relocate out of the city during the process.
- Must not have delinquent loan (s) and/or unresolved liens.
- Must not have an active violation from the City of Doral for work to be funded by the grant.
- Construction must not have begun on the work to be funded by the grant, and there must be no open permits for the same work.
FINAL PAYMENT REGULATIONS

1. This Program is designed as a reimbursement final payment grant. All work must be completed by the applicant and final inspection must also be completed prior to the funds being released. The City will provide final payment to the grantee upon submittal of a completed Final Payment Request, final inspection by a City representative, and approval by the City Manager.

2. The Final Payment Request shall be summarized in a report and accompanied by proper documentation. Proper documentation will consist of project accounting including invoices, receipts or other acceptable evidence of payment due from suppliers and licensed contractor(s) that commit to a “final release of lien” and submission of a “final contractor’s affidavit” upon final payment signed by each all in form and substance required by Chapter 713, Florida Statutes, and acceptable to City’s legal counsel. Proposals for “work to be completed” or “bids” are not considered proper documentation.

3. An IRS W9 form from your company/business and a notarized City of Doral Business Entity Affidavit are required in order to properly issue payment.

4. Facade improvements constructed through and associated with any other grant program offered by the City, County or the State of Florida are not acceptable qualified improvement for purposes of this Grant, and requests for reimbursement of any such improvements shall be denied. The Facade Improvement Grant Program will honor only new expenditures that have not been submitted under other grant programs. The Facade Improvement Grant Program may only be used one time for any one folio number. Applicants shall be limited to one grant per property per City budget year. This grant may be used to complement the PACE program but may not be utilized for specific improvements funded through PACE; for example, the installation of new impact-resistant windows funded by the PACE program would not be eligible, but patching and painting the façade after the installation would be eligible.

5. Grantees shall grant the City the right and use of photos and project application materials.

6. As a condition of receiving funds through the Façade Improvement Program, property owners must agree to keep the façade improvements well maintained, and to refrain from substantial modification of same, for a period of one (1) year. Removal, substantial alteration, or failure to maintain the façade improvements with the specified time frame shall be cause for the City to demand reimbursement of granted funds. Upon demand from the City, the applicant’s failure to repair and/or replace the improvements or to reimburse the granted funds may cause the City to place a lien on the property for the amount of granted funds and administrative fees. The property owner further agrees to execute at their own expense, as a condition to the award, a covenant or other instrument in a form prescribed by the City which will be recorded in the Public Records as an encumbrance upon the property for one (1) year from the project completion date.
ELIGIBLE USE OF FUNDING:

Façade  
Siding/Stucco  
Walls/Fencing/Railings  
ADA improvements  
Pedestrian amenities  
Windows/Doors  
Awnings/Canopies  
Lighting  
Painting (no Building permit required)  
Signage  
Detached monument signs (Planning/Zoning review req’d)  
Sidewalks/Surface Parking (Public Works permit req’d)  
Landscape/Xeriscape

INELIGIBLE USE OF FUNDING:

Rent / Lease or Mortgage  
Rental Deposits  
Late Payment Fees  
Purchase of Alcohol, Tobacco or Medicine  
Salaries  
Debts  
Utility Bills  
Any and all others not listed in the eligible use above.
Applications Forms
Doral Façade Improvement Grant Program

Name and Type of Business

Location of Business
(Street address, name of building if applicable)

Name/Address of Property Owner

Property Owner Phone

Property Owner Mobile Phone

Applicant’s Mailing Address

Email Address

Property Folio # (s)

Permit #:

Total Cost of Project $ ________________________________ (attach itemized breakdown)

Requested Grant Amount $ ______
General description of proposed improvement:

- ✔ Façade
- ✔ Siding
- ✔ Walls/Fencing/Railings
- ✔ ADA improvements
- ✔ Pedestrian amenities
- ✔ Windows/Doors
- ✔ Awnings/Canopies
- ✔ Lighting
- ✔ Painting
- ✔ Signage
- ✔ Detached monument signs
- ✔ Sidewalks/Surface Parking
- ✔ Landscape
- ✔ Other

Other details: Attach sheet if needed.

APPLICATION MUST BE ACCOMPANIED BY THREE (3) BONA FIDE BIDS FROM LICENSED CONTRACTORS FOR THE WORK TO BE COMPLETED UNDER THIS PROGRAM.

Signature of Property Owner _______________________________________________________

Print Name of Property Owner _____________________________________________________

Date________________________
Work

Please provide a brief, general description of the work to be performed, materials to be used, color and material samples (if applicable).

- **Exterior Walls** (Includes façade (if applicable) structural, decorative and non-functional elements)

- Siding

- **Windows/Doors**

- **Awnings/Canopies**

- **Walls/Fencing**

- Lighting
• **Painting**

• **ADA Improvements**

• **Signage/Detached Monument signage**

• **Sidewalk/Surface Parking Improvements**

• **Pedestrian Amenities**

• **Other Proposed Use**
Application attachments checklist:

The following attachments are required:

___ Renderings of proposed façade improvement project, Proposed Elevation Drawings *
___ Before and after pictures of the property
___ Current survey of property *
___ Site Plan *
___ Existing Elevation Drawings/Pictures
___ Schematic drawings illustrating proposed work, or pictures with project description outlines. Please provide certified copy of job set for the grant application. *
___ Three bids by licensed contractors for work to be completed *
   (Selected bid required for building permit, 2 additional bids needed for grant application)
___ Signed proof of consent from the owner of the property (including Homeowners Association boards or ruling bodies)*
___ City of Doral Building Permit and Plans (required for Final Payment Report only)

* Should be included as part of Building permit
Grant Funds Usage

PLEASE NOTE: ARCHITECTURAL FEES, SURVEY FEES, PERMIT FEES, ETC ARE NOT ELIGIBLE FOR REIMBURSEMENT.

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<thead>
<tr>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Signage Cost:</td>
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<td>☐ Removal ☐ New ☐ Altered/Repaired</td>
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<td>Awning Cost:</td>
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<td>Painting Cost:</td>
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<td>Cosmetic Alteration Cost:</td>
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<td>Describe:</td>
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<td>Structural Alteration Cost:</td>
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<td>Describe:</td>
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<td>Total Project Cost:</td>
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<td>Amount Requested</td>
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<tr>
<td>(Not to Exceed 50% of Total Project Cost up to $10,000)*:</td>
<td>$</td>
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</tbody>
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*Grantee is solely responsible for securing & paying for any permits

I hereby submit this application for a Façade Improvement Grant. I understand that these must be approved by the City of Doral and no work should begin until I have received written approval from the City of Doral. I also understand that the grant funds will not be paid until the project is completed and a final inspection is obtained.

Signature of Applicant/Property Owner ________________________________ Date ___________
NOTICE TO APPLICANTS:
THE CITY OF DORAL REQUIRES THE FOLLOWING:

**Improvements**

The following list shall be submitted in the application.

**SIGNS/DETACHED MONUMENT SIGN:**
Provide a color rendering of the design chosen.
Include specifications as to the size and width of the sign. Note how and where the sign will be hung on the building.
Make sure the design and size have been reviewed by Planning & Zoning for compliance with City codes.
Submit at least three written bids from sign companies.

**AWNINGS:**
Provide information about color and style of awning chosen. Remember, awning selection must take into account the architectural style of the building.
Note where awning will be placed on building. Provide sample of material and color rendering.
Submit three written bids as required.

**PAINT: (provide color rendering)**
Provide samples of the colors chosen
Mark the location of body colors and accent colors. Submit three written bids as required.

**COSMETIC IMPROVEMENTS:**
Provide pictures and/or samples of the accessories (such as lighting, planter boxes, etc.) Submit written bids from three licensed contractors.

**STRUCTURAL AND EXTERIOR FAÇADE ALTERATION:**
Provide a rendering of major changes.
Provide all applicable items from Minor Improvements list above.
Provide building and construction details, diagrams, and signed and sealed engineering or architectural drawings, as appropriate in accordance with City requirements.
Submit three written bids from licensed contractors.
INDEMNITY AND HOLD HARMLESS AGREEMENT

___________________________________________________________________________ (the Property Owner) agree(s) to indemnify and hold harmless The City of Doral and their officers, employees, agents or instrumentalities (the indemnified parties), from any and all claims, liabilities, demands, suits, causes of actions or proceedings of any kind or nature, losses or damages including attorneys’ fees and costs of defense, which the indemnified parties may incur arising out of the negligence, error, omission, intentional acts, or other cause arising out of or resulting from the Property Owner’s participation in the Doral Facade Improvement Grant Program. The obligation to indemnify and hold harmless specifically includes claims, liabilities, demands, suits, causes of actions or proceedings arising from the negligent acts or omissions of the indemnified parties. The Property Owner shall pay claims and losses in connection with the all of the foregoing and shall investigate and defend all claims, suits, or action of any kind or nature, including appellate proceedings in the name of the applicable indemnified party, and shall pay all costs and judgments and attorney’s fees which may issue thereon. The parties agree that this agreement, and its underlying obligations, will be construed under Florida law. The Property Owner further agrees not to contest jurisdiction nor venue in the courts situated in Miami-Dade County, Florida. In consideration of being granted monies for restoration, modifications, signage, or other physical changes to the property located at the above address, the Property Owner is solely responsible for providing contractors, and assuring that contractors are fully insured and licensed and have obtained all necessary permits in accordance with City regulations.

Property Owner agrees that this indemnity and hold harmless agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Property Owner further states that he/she has carefully read the above indemnity and hold harmless agreement and he/she knows its contents and signs this agreement as his/her own free act. Property Owner’s obligations and duties hereunder shall in no manner be limited or restricted by the maintaining of any insurance coverage related to the above referenced event. The undersigned hereby represents and warrants that he/she has full and legal authorization to enter into this agreement.

Dated this _______ day of ________________, 20____.

Property Owner
Signature __________________________   Print Name __________________________

Witness ___________________________ Print Name __________________________
Certification Regarding Lobbying

Certification for Contracts, Grants – Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for Influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract* grant, loan, or cooperative agreement.

2. If any, funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty for no less than $10,000 and not more than $100,000 for each such failure.

BY: ________________________________ (Print business name & owner’s name)

NAME: ________________________________ (Signature of owner)

TITLE: ________________________________

DATE: ________________________________

SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a)
FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to Miami-Dade County

by __________________________ (Print individual’s name and title)

for _______________________ (Print name of business submitting sworn statement)
whose business address is: __________________________ (Address, City, State, Zip Code)
and if applicable its Federal Employer Identification Number (FEIN) is __________________________.
If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

2. I understand that a “public entity crime” as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to an directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to any bid or contract for goods or services to be provided to public entity or agency or political subdivision of any other conspiracy, or material misinterpretation.

3. I understand that “convicted” or “conviction’ as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an “Affiliate” as defined in paragraph 287.133(1)(a), Florida Statutes, means:

   1. A predecessor or successor of a person convicted of a public entity crime, or
   2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States within the legal power to enter into a binding contract and which bids or applies to bid on contracts of the provision of goods or entity. The term “person” includes those executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

_______ Neither the entity submitting sworn statement, not any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_______ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity had been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (please indicate which additional statement applies.)

_______ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. Attach a copy of the final order.

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED I PARAGRAPH 1(ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OR THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 28.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

________________________________________
(Signature)

Sworn to and subscribed before me this _____ day of ______________________, 20______.

Personally Known ________________________________

Or produced identification _________________________ Notary Public-State of _________________________

________________________________________ My commission expires (Printed, typed or stamped commissioned name of notary public)
CRIMINAL RECORD AFFIDAVIT

The individual, officer, director, president or entity entering into a contract or receiving funding from the City has _____ has not _____ as of the date of this affidavit been convicted of a felony during the past ten (10) years.

________________________
(Printed Name of Business)

________________________
(Business Address)

________________________
(City, State, Zip)

________________________
(Print Owner or President Name)

STATE OF FLORIDA

COUNTY OF MIAMI

DADE

The a foregoing instrument was acknowledged before me this ___ day of ______.

20___, by __________________________ on behalf of __________________________

(Signature) (Business Name)

who is personally known to me or has produced _____________, as identification

Notary Signature: __________________________

Type or Print Name: __________________________

Notary Seal: __________________________
**AFFIDAVIT OF FINANCIAL AND CONFLICT OF INTEREST**

1. Do you have any past due financial obligations with the City of Doral?  
   - Single Family House Loans: [YES] [NO]  
   - Multi-Family Housing Rehab: [YES] [NO]  
   - CDBG Commercial Loan Project: [YES] [NO]  
   - U.S. HUD Funded Programs: [YES] [NO]  
   - Other (liens, fines, loans, Occupational licenses, etc.): [YES] [NO]

   If YES, please explain:
   [_________________________________________________________________________]
   [_________________________________________________________________________]

2. Are you a relative of or do you have any business or financial interest with any elected City of Doral official, Employee, or Member of any Advisory Boards?  
   YES [ ] NO [ ]

   If yes, please explain:
   [_________________________________________________________________________]
   [_________________________________________________________________________]

Any false information provided on this affidavit will be reason for rejection and disqualification of your project-funding request to The City of Doral.

The answers to the foregoing questions are correctly stated to the best of my knowledge and belief.

By ___________________________  Date ________________
(Print Name)

SUBSCRIBED AND SWORN TO (or affirmed) before me this _______ day of ________ 20____

By ___________________________, He/She is personally known to me or has presented
(Signature)

______________________________, as identification.

(Type of Identification)

_____________________________, (Signature of Notary)  ________________ (Serial Number)

_____________________________, (Print or Stamp of Notary)  ______________________  (Expiration Date)

Notary Public- Stamp of ________________  Notary Seal
(State)
Final Payment Report attachments checklist:

The following attachments are required:

___ Proof that all work was completed by the applicant, including photos documenting the completed work.

___ Project accounting report including invoices, receipts or other acceptable evidence of payment due from suppliers and licensed contractor(s).

___ A “final release of lien” and submission of a “final contractor’s affidavit” upon final payment signed by each and all contractors.

___ All required permits and final inspection by the City.

___ A completed W-9, signed and notarized Doral Business Affidavit and Business Tax Receipt.