



Corridor Storefront Improvement Program Application

Please be sure 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 _____
 Owner is aware of the application. Yes _____ No _____

Project Budget:

Improvements to be made:	Project 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 Commonwealth 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; budget should show the 25% matching funds that is required;
- Drawings or sketches showing the proposed improvements on the building and placement of other features around the building;
- Scaled design plan (s) if they are available;
- Cost estimate from contractor or vendor, including contact information. Please note:
 - Estimates should be on contractor's letterhead
 - Two estimates are needed for projects over \$7,500
- Samples of materials and colors to be used;
- Cost estimate for other products/materials;
- If tenant, submit a copy of lease agreement.

**Please Submit Completed Application to:
Jay Minkarah, CSIP Program Administrator
President & CEO
DevelopSpringfield
1182 Main St.
Springfield, MA 01103
Phone: (413) 209-8808
Fax: (413) 301-7060
Email: jminkarah@developspringfield.com**