

## STOREFRONT FAÇADE & SIGNAGE PROGRAM APPLICATION

**Applicant's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Tel. #: \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Tel. #: \_\_\_\_\_

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

SAM.GOV # (see information sheet) \_\_\_\_\_

Is business: New \_\_\_\_\_ Existing \_\_\_\_\_

Applicant is: \_\_\_ Owner of Building or \_\_\_ Leaseholder

(If Leaseholder)

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

Address: \_\_\_\_\_

### REHABILITATION CONSISTS OF:

\_\_\_ Exterior Storefront Rehabilitation

\_\_\_ Sign Replacement Improvement

\_\_\_ Awning

ESTIMATED COST OF COMMERCIAL REHABILITATION: \$ \_\_\_\_\_

### ADDITIONAL REQUIRED INFORMATION:

1. If Leaseholder: Must submit a **City of Revere Property Owner Approval Form** from owner to do proposed rehabilitation.
2. Two written proposals with **cost breakdown by materials and labor for signage applications**
3. Three written proposal with **cost breakdown by materials and labor for storefront façade applications.**
4. Signed Non-Collusion Affidavit must be submitted with bidder (usually the lowest bidder).
5. Written description of proposed storefront and signage work.
6. Drawings of existing and proposed storefronts, or dimensions and design of any proposed sign or awning.
7. If located within the Historic District, a Certificate of Appropriateness must be obtained from the Historic Commission and submitted with application.
8. **Must obtain a SAM.GOV Number. Applicants can register or renew SAM.GOV registration at [US Federal Contractor Registration \(USFCR\) | Start a SAM Registration](#)**

9. The applicant hereby certifies that information contained in this application and all information furnished for the development of this application is true to the best of his/her knowledge.

**STOREFRONT GRANT REIMBURSEMENT PROGRAM  
AREA BENEFIT ACTIVITY DOCUMENTATION:**

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Business Name

Location of Activity

Address of Business: \_\_\_\_\_

Accessibility

Is the business reasonably accessible to neighborhood residents?

Yes

No

Commercial Service Area

Indicate nature of business and the reasonable service area that the business benefits:

(This funding grant must assist businesses that services residents that reside within low and moderate-income areas)

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Service Area: < .25 mile .25 - .50 mile > .50 mile

Business

**NON-COLLUSION AFFIDAVIT**

(To be completed by Bidder)

1. I/We \_\_\_\_\_, depose and say that: I/We am an (owner, partner, officer, representative or agent) of \_\_\_\_\_, the bidder that has submitted the attached bid:
  
2. I/We \_\_\_\_\_, depose and say that: I/We are the applicants to rehabilitation property located at \_\_\_\_\_, Revere, Massachusetts:
  
3. I/We are fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid:
  
4. Such bid is genuine and is not a collusive or sham bid:
  
5. Neither the applicant or bidder, nor any of their officers, partners, owners, agents, representatives, employees or parties in interest, including these affiliates, have in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder, firm or person, to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted, or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm, or person, to fix the price or prices in the attached bid or of any other bidder or to fix any overhead, profit or cost element of the bid price or the bid price of any other bidder, or to secure through any collusion, conspiracy, connivance or unlawful agreement, any advantage against the city of New Bedford, or any person interested in the proposed contract: and the price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the applicant or bidder, nor any of their agents, representatives, owners, employees, or parties in interest, including these affiliates.

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Bidder's Signature Applicant's Signature

\_\_\_\_\_  
Bidder's Signature Applicant's Signature

\_\_\_\_\_  
Date

Storefront Reimbursement Program

Tax Verification Form

Name of Applicant: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Plot/Lot: \_\_\_\_\_

Owner of Property: \_\_\_\_\_