



Inlet Neighborhood CDC Façade Improvement Grant Program

The Inlet Neighborhood CDC Façade Improvement Grant Program is supported through grants from the New Jersey Neighborhood Preservation Program and Neighborhood Revitalization Tax Credit programs.

Starting in 2023, the Inlet Neighborhood CDC Façade Improvement Grant Program will provide façade improvement grants to building or business owners in the Inlet Neighborhood.

Building/business owners will use these grants to support highly visible improvements to buildings and storefronts. This program is intended to provide local businesses with an additional “tool” in their economic vitality toolbox and help stimulate the neighborhood economies.

Funding and grant administration will be issued from Atlantic Cape Community College on behalf of the Inlet Neighborhood CDC. The Inlet Neighborhood CDC is responsible for design review, selection, and project vetting along with project scope.

Grant Basics

Funding Details:

- Grants for residential facades will not exceed \$20,000. There are ten (10) grants available. Residential Façade and Improvements are administered and managed through the Atlantic County Improvement Authority. *Separate applications available*
- Grants for business/commercial facades will not exceed \$10,000. There are three (3) grants available.
- Grantees are not required to match but encouraged to add additional funds to leverage the total project cost and add value.
- Grantees will have till the end of 2024 to complete their façade improvement projects.
- Interested applicants will submit a grant application form detailing their project and if they will match with other sources, then the Inlet Neighborhood CDC will review.

Grantee Eligibility

- Building owners and business owner tenants of commercial and/or mixed-use buildings located within the Inlet Neighborhood (Census tracts 19 & 25). Map of approved areas included.
- Business owner tenants must demonstrate written approval from the building owner in order to be considered eligible.

Design Review

- Interested applicants will submit a grant application form (below) detailing their project and any additional sources, which the Inlet Neighborhood CDC will review.
- For the design review portion of the grant application, grantees will be required to submit:
 - A narrative description of the project scope.
 - Construction scope of work.
 - Renderings and/or architecture plans.
 - Photos of current condition.
 - W9 form
- Projects that require historic preservation will also be reviewed by the Atlantic City Preservation Program.

Grant Use

- The funds must be used towards exterior rehabilitation or improvement of existing commercial or mixed-use buildings within the Inlet Neighborhood. These funds are intended to help stimulate local economies, so projects improving the exterior of local businesses and local mixed-use (commercial and residential) buildings will be priorities.
- Eligible projects include, but are not necessarily limited to:
 - Awnings, roof, canopies, storefronts, doors, paint
 - Landscaping
 - Exterior lighting
 - Windows
 - Masonry work
 - Signage
 - Porches
 - Downspouts
 - Steps
 - Siding
 - Mailbox
 - Hardware
 - Weatherization
 - House Numbers
 - ADA
- No portion of the funds may be utilized for interior improvements to the building.
- No portion of the funds may be utilized for work completed prior to the grant.

Inlet Neighborhood CDC Façade Improvement Grant Application

Instructions: Complete all sections of the application and attach documentation as requested. Brief answers are encouraged. However, if you need additional space to respond to the narrative questions, please use a separate sheet of paper for each response, clearly indicating which section and question number relate to the response.

The Inlet Neighborhood CDC will accept and process grant applications beginning on **December 1, 2023**

Please submit grant applications, including all exhibits and attachments, and W9 form to Inlet Neighborhood CDC, either by mail or email (preferred):

Inlet Neighborhood CDC
Atlantic Cape Community College
1535 Bacharach Blvd
Atlantic City, NJ 08401
Email: lcastro@atlantic.edu

SECTION ONE – APPLICANT

Name of Applicant: _____

Company/Business Name: _____ Date Established: _____

Type of Company/Organization:

- Limited Liability Company
- Limited Partnership
- Partnership
- S Corporation
- C Corporation
- Sole Proprietorship
- Nonprofit Organization

Contact Person/Title: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

Email Address: _____

Is the applicant the owner of the building?

Note: The owner can show proof of ownership with a copy of the property tax records or a copy of the deed.

- **Yes.** The building owner is required to provide proof of ownership such as payment of property taxes or property deed.
- **No.** If the applicant is not the owner of the builder, the applicant is **required** to submit written evidence of building owner's approval of the application (refer and fill out number 2). **Note:** the owner's approval can be shown in a simple letter.

Please provide building owner's contact information.

- Applicant is the building owner. If applicant is the building owner, and the contact information is the same as above, you can leave this section blank.

Name of Owner/Company/Organization

Contact Person: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

Email Address: _____

In the past, has the applicant received financial assistance from Inlet CDC, Community Development Block Grant, State Historic Preservation Commission, or a private foundation?

→ **Yes**

- Project Name(s): _____
- Name of Program(s): _____
- Year(s) Received: _____
- Amount(s): _____
- Was the financial assistance in the form of a grant?

→ **No**

SECTION TWO – PROJECT DESIGN REVIEW

Please attach the following supplements to fully illustrate the project's scope of work:

- A narrative description of the project scope
- Construction scope of work
- Renderings and/or architecture plans (if available/applicable)
- Photos of current condition.
- Signed W9 form.
- Historic photos, illustrations, or architectural plans relevant to the proposed work.

Request for assistance initiated by:

- Business
- Tenant
- Property Owner → Other: _____

Project Property

Building Name (if applicable): _____

Building Address: _____

Business Name (if applicable): _____

Business Street Address (if different from the building address): _____

Date of Original Construction: _____

Square Footage of Building (approx.): _____

Dates of Significant Additions/Alterations: _____

The current status of the project property is:

- Vacant
- Occupied

Project Scope of Work

Describe the scope of work of the project, including all proposed exterior work. Please attach any illustrations or specifications that show complete scope of work (please see above).

Project construction:

Work is expected to begin _____(MM/DD/YYYY) and be completed by _____
(MM/DD/YYYY).

Additional Review

If additional review is required, has the project scope of work been reviewed and/or approved by:

- Inlet Neighborhood CDC
- Local Preservation Commission, Design Review, or Local Historic District Review
- Other (please name): _____

Is there any opposition to the project?

- Yes

Please describe: _____

- No
- Don't know.

Designation and Listing

Is the property designated as a National Historic Landmark (NHL)?

- Yes
- No

Is the property listed or eligible for listing in the National Register of Historic Places?

Yes, as an individual listing

- Yes, as a contributing property in an NRHP district
- No.

Is the project located in the Inlet Neighborhood?

- Yes
- No

Is the project property endangered?

Yes, explain how:

Additional Funding

Is there additional funding available and/or or being used for this project?

- Yes
- No
- If yes, please identify the additional funding source(s)_____

Will you be seeking additional sources of funding?

- Yes
- No

Applying for Federal or State Historic Preservation Tax Credits:

- Yes
- No

Describe plans, if any, for community participation in the project (e.g., crowdfunding, volunteers, events, etc.)

SECTION THREE - FINANCING

In addition to the questions in this section, please complete Exhibit A as appropriate. Please see GRANT AMOUNTS AND TERMS on page 1 for further details.

Total Estimated Project Cost: \$ _____

Requested Grant Amount (cannot exceed \$10,000): \$ _____

Requested Grant Term: _____ months

Describe any other current or proposed liens on the property:

1. Other existing liens: _____
2. Other proposed liens: _____

Describe any additional sources to be used:

Examples: private, building/business owner funds, CDBG funds, etc.

Acting as a duly authorized representative of the described project and its sponsoring company/organization, I am submitting this request for financial assistance from the Inlet Neighborhood CDC Facade Improvement Grant program. I have provided all information requested to the best of my knowledge, and I have read and fully understand the requirements of the program.

Signature: _____ Date: _____

Name and Title: _____

Please complete the attached Exhibit A as appropriate.

EXHIBIT A

Project Budget

Instructions: Provide a budget for the project with cost estimates and indicate assumptions for all estimated costs. Total project costs must equal total project sources.

ANTICIPATED SOURCES AND USES

Please list all of the sources and uses of the project. Sources include the grant you are requesting with this application plus any other financing that will go into the project, including but not limited to bank financing, owner cash, and/or other grants. Uses include the façade improvements and any other improvements that are included with what the Inlet Neighborhood CDC Façade Improvement Grant program will be funding. The total sources must equal the total uses.

Example listed below:

SOURCES	\$ AMOUNT	USES	\$ AMOUNT
<i>Ex: Owner funds</i>	<i>5,000</i>	<i>Replace awning; expose and repair transom windows</i>	<i>5,000</i>
TOTALS			

**The Inlet Neighborhood CDC Façade Improvement Grant Program
Application Checklist**

Signed and Dated Grant Application

Proof of Ownership

- ☐ **Note:** The owner can show proof of ownership with a copy of the property tax records or a copy of the deed.
- ☐ If the applicant is NOT the owner of the builder, the applicant is **required** to submit written evidence of the building owner's approval of the application. **Note:** the owner's approval can be shown in a simple letter.

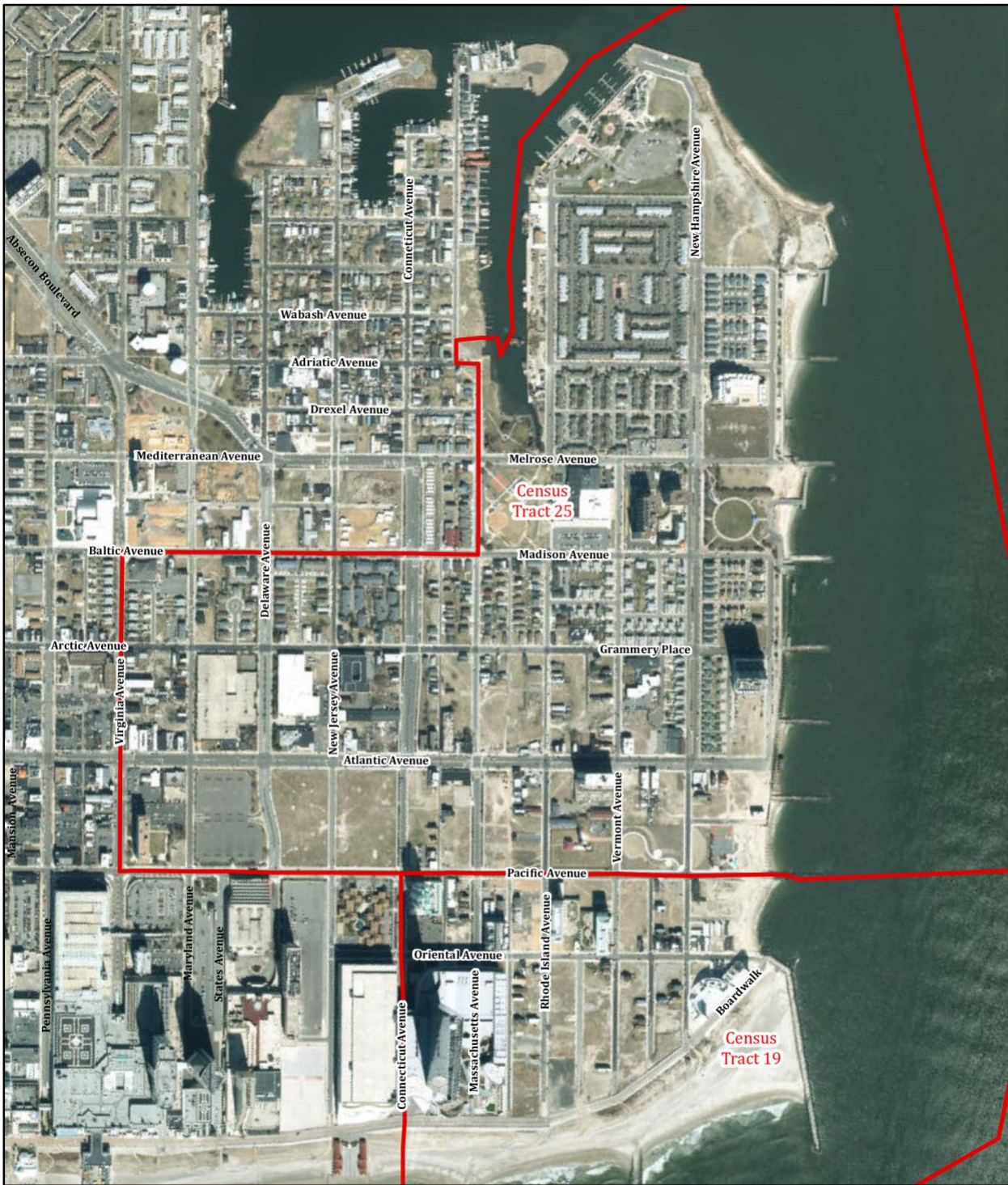
Completed Design Review Request Form and Scope of Work

- ☐ A narrative description of the project scope
- ☐ Construction scope of work
- ☐ Renderings and/or architecture plans (if available/applicable)
- ☐ Photos of current condition. *Please see Texas Main Street Program's How to Photograph a Building for instructions on best methods.*
- ☐ Historic photos, illustrations, or architectural plans relevant to the proposed work.

Exhibit A

- ☐ Project Budget
- ☐ Anticipated Sources and Uses

W9 Form



Atlantic City
Inlet NRTC Area
Tracts 19 & 25

 Census Tracts



Rutala Associates

0 0.075 0.15 Miles



Data Sources: Atlantic County, NJOIT-OGIS