

City of Cambridge Community Development Department STOREFRONT IMPROVEMENT PROGRAM

FY 24 APPLICATION FORM

l.	APPLICANT INFORMATION			
	1. Applicant Name:Email: Phone:Email: Business Name:			
	Mailing/Legal Address: 2. Business Organization (circle one): o Corporation (d/b/a) o LLC o Partnership o Sole Proprietorship			
II.	OPTIONAL INFORMATION			
	Do you self-identify as a woman or minority-owned business?			
	A woman or minority-owned business, as defined by the Massachusetts Supplier Diversity Office, includes businesses that are majority-owned by: a woman or women, a person or persons identifying as a racial minority a person or persons identifying as LGBTQ, a veteran or veterans, a person or persons with a disability, or a person or persons of Portuguese decent.			
	2. ETHNICITY: Check only the one that applies to you:			
	☐ Hispanic or Latino ☐ Not Hispanic or Latino			
	3. GENDER and RACE: Check one or more that apply to you:			
	□ American Indian or Alaska Native □ Asian and White □ Asian			
	□ Black or African American and White □ Black or African American □ White			
	□ American Indian or Alaska Native □ Native Hawaiian or other Pacific Islander			
	□ American Indian or Alaska Native <i>and</i> Black or African American □ Other multi-racial			
	□ Male □ Female □ Other			
III.	PROPOSED PROJECT INFORMATION			
	 Project Address: Check all that apply and/or describe project: 			

■ Exterior Signage ■ Awning or Canopy ■ Exteri	or Lighting Planter boxes Storefront Windows		
■ Accessible Parking Space ■ ADA & Directional S	Signage ■ Paving/Grading/Curb Ramp		
■ Automatic Door Openers ■ Exterior Ramp	■ Entrance Lift ■ Entrance - New Door/Doorway		
3. Project start date:	Project end date:		
IV. REQUIRED SUPPLEMENTAL DOCUMEN	TATION		
If applicant is the <u>property owner</u> : submit a copy of latest tax bill and proof of payment If applicant is the <u>business tenant</u> : submit a copy of Cambridge Business Certificate			
If business tenant applicant is requesting a grant of \$2,500 or more (i.e. window, door, or ADA projects), submit written permission from property owner to participate in the program, including expiration date of present lease and renewal options. A template letter is available on the next page.			
If business tenant applicant is requesting a gr projects), secure the signature of the prope additional letter is needed. See below.			
CERTIFICATION			
The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project, and the undersigned agrees to promptly inform the City of Cambridge Community Development Department of any changes in the proposed project which may occur. By signing applicant certifies that they have completely read, and agree to, program Guidelines.			
Signature of Building Owner	Date		
Print Name	Tax ID #		
Signature of Commercial Tenant (if Applicant)	Date		
Print Name	Tax ID #		

RETURN COMPLETED APPLICATION & SUPPLEMENTAL DOCUMENTS TO:

Cambridge Community Development Department, Economic Development Division City Hall Annex, 3rd Floor, 344 Broadway, Cambridge, MA 02139

Attn: Christina DiLisio E-mail: cdilisio@cambridgema.gov Telephone: (617) 349-4601

Date:		
To Storefront Improvement Program Manager,		
I, give permission to		
to		
participate in the City of Cambridge Storefront Improvement Program.		
I have spoken withand understar		
that the scope of work may include improvements to the real property at		
Improvements that have been discussed with me include:		
 Accessibility (e.g. ADA/MAAB ramps, ADA/MAAB walkways, push buttons, and door actuators) 		
Building façade (e.g. doors, windows, exterior lighting, and/or masonry)		
Business signage (e.g. (blade signs, awnings, flat signs, window graphics)		
• Other		
has a lease that will expire on		
and has option(s) to renew.		
Please contact me with any questions.		