City of Cambridge
Community Development Department
STOREFRONT IMPROVEMENT PROGRAM
FY 24 APPLICATION FORM

I. APPLICANT INFORMATION

1. Applicant Name: _____
   Phone: _____ Email: _____
   Business Name: _____
   Mailing/Legal Address: _____
2. Business Organization (circle one):
   ◯ Corporation (d/b/a) ◯ LLC ◯ Partnership ◯ Sole Proprietorship

II. OPTIONAL INFORMATION

1. **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 *and* Black or African American ☐ Other multi-racial

☐ Male ☐ Female ☐ Other

III. PROPOSED PROJECT INFORMATION

1. Project Address: _____
2. Check all that apply and/or describe project: _____

☐ Exterior Signage ☐ Awning or Canopy ☐ Exterior Lighting ☐ Planter boxes ☐ Storefront Windows

☐ Accessible Parking Space ☐ ADA & Directional 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 DOCUMENTATION

If applicant is the property owner: submit a copy of **latest tax bill and proof of payment**
If applicant is the business tenant: 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 upon request.*

If business tenant applicant is requesting a grant of $2,500 or less (i.e. sign or awning projects), secure the **signature of the property owner** on this application form. No 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