



CITY OF CAMBRIDGE COMMUNITY DEVELOPMENT DEPARTMENT Retail Interior Accessibility Program Application

APPLICANT INFORMATION:

Applicant Name: _____ Business Name: _____

Mailing Address: _____

Telephone Number: _____ Website: _____

Email Address: _____

Business Organization of Applicant: ☐ Corporation (d/b/a) ☐ Partnership ☐ LLC ☐ Sole Proprietorship

Relationship of Applicant to the property being renovated for interior accessibility:

Owner: a) **Submit a copy of latest tax bill and proof of payment.**

Tenant: a) **Submit a copy of Cambridge Business Certificate**

b) **Submit written permission from building owner to participate in Interior Accessibility Program, including expiration date of present lease.**

APPLICANT DEMOGRAPHICS:

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.

ETHNICITY: Check **only the one** that applies to you:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

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

PROPOSED PROJECT INFORMATION:

Business Street Address (if different from mailing): _____

Check all that apply and/or describe improvement ideas:

- ☐ Accessible Tables ☐ Accessible Counter ☐ Braille Menus ☐ Hearing Loops ☐ Accessible Bathroom
☐ Accessible Shelving ☐ ADA & Directional Signage ☐ Aisle Expansion ☐ Interior Ramp ☐ Automatic Door Openers
☐ Other: _____

DECLARATIONS:

- | | | |
|--|-----|----|
| 1. Does the applicant or co-applicant owe any property taxes to the City of Cambridge? | YES | NO |
| 2. Has the applicant received or expected to receive, a financial interest or benefit from a CDBG-related activity or contract? | YES | NO |
| 3. Does the applicant have an immediate family member who received or expected to receive, a financial interest or benefit from a CDBG-related activity or contract? | YES | NO |
| 4. Is the applicant or co-applicant one or more of following: | | |
| Involved in a political campaign | YES | NO |
| A candidate or public official or foreign political official | YES | NO |
| An immediate family member of a political official | YES | NO |
| A business entity formed by or for the benefit of any public official | YES | NO |
| A member of a local board or committee | YES | NO |

If YES to any of the above questions, please provide details here: _____

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.

Signature of Building Owner_____
Date_____
Signature of Commercial Tenant_____
Date_____
Print Name_____
Tax ID #**Return Completed Application and Supplemental Documents to:**

Christina DiLisio, Associate Economic Development Specialist

Economic Development Division, Cambridge Community Development Department,

City Hall Annex, 3rd Floor 344 Broadway, Cambridge, MA 02139 Web: www.cambridgema.gov/CDDTelephone: (617) 349-4601 FAX: (617) 349-4638 E-mail: cdilisio@cambridgema.gov