

APPLICATION FOR RETAIL REHAB & REDEVELOPMENT GRANT

The City of Carrollton's Retail Rehab & Redevelopment programs offer financial incentives to support improvements to existing commercial properties that enhance the tax base of the facility and surrounding area. All incentives are receipt-reimbursable, performance-based matching grants and are subject to approval by the Redevelopment Council or Transit-Oriented Development Committee, followed by final public review and approval by City Council.

ELIGIBILITY CHECKLIST:

Project applicants must meet all of the following requirements to be eligible. Please check each box to confirm.

- The retail facility is older than twenty (20) years
- I have a detailed description of the proposed redevelopment project
- I have photographs of the existing building
- I have the following: site plan, elevations, landscape plan, signage plan or other visual representations of the project
- I have a construction budget for the proposed improvements and a project timeline

Important: If you cannot check all boxes above, your application may not be eligible for consideration.

APPLICATION FOR:

- Retail Rehab & Redevelopment Program Performance-Based Matching Grant
- Historic Downtown Carrollton Retail Redevelopment and Rehabilitation Performance-Based Grant
- Josey/Belt Line Redevelopment Program
- Specialty Retail & Restaurants

Visit cityofcarrollton.com/incentives for detailed descriptions of each grant program.

1. CONTACT INFORMATION

1.1 APPLICANT COMPANY/PROJECT:

Company Name:

Applicant Name & Title:

Mailing Address:

City:

State:

Zip Code:

Phone:

Email:

Company Website:

1.2 CURRENT LAND OWNER:

Company Name:

Applicant Name & Title:

Mailing Address:

Phone:

Email:

2. PROJECT INFORMATION

2.1 PROPOSED PROJECT NAME:

2.2 PROJECT INFORMATION:

2.3 WHERE IS THE PROJECT LOCATED?

Current Address:

City:

State:

Zip Code:

2.4 INFORMATION ON SITE/BUILDING:

Estimated Valuation:

Year Building Was Constructed:

Acreage:

Building Square Footage:

***FOR SPECIALTY RETAIL/RESTAURANT APPLICATIONS ONLY:**

Anticipated Sales Tax Revenue:

Real Property Improvements:

Business Personal Property:

Number of Full-Time Employees:

Number of Part-Time Employees:

Estimated Payroll for All Employees:

I HEREBY CERTIFY THAT THE INFORMATION INCLUDED ON THIS FORM, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE AND CORRECT.

OWNERSHIP/COMPANY REPRESENTATIVE:

Name

Title

Signature

Date