



**TOWN OF HAMDEN**

**SMALL BUSINESS FAÇADE IMPROVEMENT PROGRAM**

**APPLICATION FORM**

**Application Date:** \_\_\_\_\_

**Application ID:** \_\_\_\_\_ *(Office Use Only)*

**SECTION I: BUSINESS INFORMATION**

**Business Name:** \_\_\_\_\_

**Doing Business As (DBA):** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address (if different):**

**Business Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Federal Tax ID/EIN:** \_\_\_\_\_

**CT Business Registration Number:** \_\_\_\_\_

**Type of Business Entity:** ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: \_\_\_\_\_

**Date Business Established:** \_\_\_\_\_

**Date Operations Began at Current Location:** \_\_\_\_\_

**Total Number of Employees:** \_\_\_\_\_

**Business Description/Products/Services Provided:**

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## SECTION II: OWNERSHIP INFORMATION

**Primary Business Owner/Authorized Representative:** \_\_\_\_\_

**Name:\Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Additional Owners (if applicable):**

**Name:** \_\_\_\_\_ **Ownership Percentage:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Ownership Percentage:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

☐ **Certification:** If multiple owners exist, the undersigned is the designated representative authorized to apply for and receive grant funds on behalf of the business.

## SECTION III: PROPERTY INFORMATION

**Property Owner Name:** \_\_\_\_\_

**Property Owner Address:** \_\_\_\_\_

**Property Owner Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship to Business:** ☐ Business owner also owns property ☐ Business leases property

**If Leased - Lease Information:** **Lease Start Date:** \_\_\_\_\_ **Lease End Date:** \_\_\_\_\_

**Lease Term:** \_\_\_\_\_ **Renewal Options:** \_\_\_\_\_

☐ **Property Owner Consent:** Attached signed authorization from property owner approving the façade improvement project and authorizing the Town and contractors to complete improvements.

## SECTION IV: PROJECT INFORMATION

**Total Project Cost:** \$ \_\_\_\_\_

**Grant Amount Requested:** \$ \_\_\_\_\_ *(Maximum \$30,000)*

**Project Title:** \_\_\_\_\_

**Project Description:**

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**Specific Improvements Requested (check all that apply):**

- ☐ Restoration of original architectural features
- ☐ Removal of elements covering original design
- ☐ Business signage installation/replacement
- ☐ Awning installation/replacement
- ☐ Exterior painting
- ☐ Masonry cleaning/repointing
- ☐ Door replacement
- ☐ Window replacement
- ☐ Stair/porch/railing replacement
- ☐ Customer parking area repair/paving
- ☐ Exterior lighting installation/upgrade
- ☐ Architectural element replacement
- ☐ Building code violation correction
- ☐ Accessibility improvements
- ☐ Landscaping improvements
- ☐ Other:

**Project Timeline: Proposed Start Date:** \_\_\_\_\_

**Proposed Completion Date:** \_\_\_\_\_

**Expected Project Duration:** \_\_\_\_\_

#### **SECTION V: PROJECT BUDGET**

<b>Item/Service</b>	<b>Description</b>	<b>Estimated Cost</b>
<b>Total Project Cost:</b>		
<b>Grant Request:</b>		
<b>Business Contribution (if applicable):</b>		

*\*Attach separate Project Budget sheet if necessary*

#### **Source of Business Contribution:**

☐ Cash      ☐ Business loan      ☐ Owner equity      ☐ Other:

#### **SECTION VI: CONTRACTOR INFORMATION**

**Have you selected a contractor?** ☐ Yes ☐ No

**If Yes: Contractor Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**If no, do you need assistance identifying qualified contractors?** ☐ Yes ☐ No

☐ **Certification:** I understand that I must obtain a minimum of three (3) competitive quotes for all goods and services before project implementation.

## SECTION VII: PERMITS AND APPROVALS

**Required Permits (check all that apply):**

☐ Building Permit                      ☐ Electrical Permit                      ☐ Sign Permit  
☐ Historic District Approval      ☐ Other:

**Current Status:** ☐ Not yet applied      ☐ Applied, pending approval                      ☐ Approved

**Expected Permit Approval Date:** \_\_\_\_\_

## SECTION VIII: BUSINESS SUSTAINABILITY

**Years in Business at Current Location:** \_\_\_\_\_

**Annual Gross Revenue (optional but helpful for evaluation):**

☐ Under \$100,000                      ☐ \$100,000-\$250,000                      ☐ \$250,000-\$500,000  
☐ \$500,000-\$1,000,000                      ☐ Over \$1,000,000

**Services/Products that Address Community Needs:**

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**How will this project benefit your business?**

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**How will this project benefit the surrounding community?**

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**Expected increase in customer traffic:** \_\_\_\_\_ *(percentage)*

**Expected job creation/retention:** \_\_\_\_\_ *(number of positions)*

**SECTION IX: COMPLIANCE CERTIFICATIONS**

- ☐ Business has been in operation for at least one (1) year
- ☐ Business has 25 or fewer employees
- ☐ Business is not a franchise operation
- ☐ Business is in eligible census tract (1651, 1655, or 1656)
- ☐ All federal, state, and local taxes are current
- ☐ No outstanding liens with the Town of Hamden
- ☐ All required business licenses and permits are current
- ☐ Business will maintain operations in Hamden for a minimum of three (3) years after grant award
- ☐ Business will comply with all applicable laws, codes, and regulations
- ☐ Business agrees to participate in monitoring visits for three years
- ☐ Business will display temporary signage acknowledging CDBG funding during construction
- ☐ Understanding that work cannot begin until environmental review is completed

**SECTION X: REQUIRED ATTACHMENTS**

**Check all items included with application:**

- ☐ Complete application form
- ☐ Business plan or business summary

- ☐ Detailed project description and scope of work
- ☐ Design sketches, renderings, or architectural plans
- ☐ Three (3) cost estimates from licensed contractors
- ☐ Proof of property ownership OR signed lease agreement
- ☐ Property owner written authorization (if business leases property)
- ☐ Tax compliance verification (Town, State, Federal)
- ☐ Current business license(s)
- ☐ Professional license(s) if applicable
- ☐ Current photographs of area to be improved (minimum 4 photos)
- ☐ Certificate of Good Standing (corporations/LLCs)
- ☐ Articles of Incorporation or Organization (if applicable)

#### **SECTION XI: APPLICANT CERTIFICATION**

I hereby certify that:

1. All information provided in this application is true and accurate to the best of my knowledge.
2. I understand that providing false information may result in denial of the application or recapture of awarded funds.
3. I understand that this is a reimbursement program and that all project costs must be paid by the business before reimbursement.
4. I agree to comply with all program requirements including the three-year operational commitment.
5. I understand that all work must comply with Town ordinances, building codes, and CDBG requirements.
6. I understand that no work may begin until environmental review is completed and clearance is provided by the Town.
7. I agree to allow the Town to use business name and project details in promotional materials.
8. I agree to comply with all nondiscrimination requirements under federal, state, and local law.
9. I understand that grant awards are subject to available funding and meeting minimum scoring criteria.
10. I understand that substantial project changes require prior written approval from the Town.

**Applicant Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Date Application Received:** \_\_\_\_\_ **Reviewed By:** \_\_\_\_\_

**Application Complete:** ☐ Yes ☐ No ☐ Missing Items:

**Economic Development Commission Review Date:**

**Score:** \_\_\_\_\_ /100 **Recommendation Amount: \$** \_\_\_\_\_

**Economic and Community Development Department**

**Final Decision:** ☐ Approved ☐ Denied

**Decision Date:** \_\_\_\_\_

**CONTACT INFORMATION**

Town of Hamden  
Economic and Community Development Office  
2750 Dixwell Avenue  
Hamden, CT 06518  
Phone: (203) 287-7000  
Email: [cdbg@hamden.com](mailto:cdbg@hamden.com)  
Website: <https://www.hamdenedc.com>

**Application Deadline:** Rolling basis with quarterly award cycles

**Program Launch:** July 1, 2025

***SUBMIT COMPLETED PDF-ONLY  
APPLICATIONS ELECTRONICALLY TO  
CDBG@HAMDEN.COM***