

City of College Park
Office of Economic Development
8400 Baltimore Ave, Suite 375
College Park, MD 20740

Phone: (240) 487-3506
Fax: (301) 887-0558



Business Assistance and Façade Improvement Grant Application Form

Now Accepting Applications

Please send completed forms to the address above or email to bjohnson@collegetparkmd.gov. If you have questions or concerns, contact Bridgette Johnson at 240-487-3506.

1. PROPERTY INFORMATION		
Property Address:		
Property Owner:		
Property Owner's Address:		
City:	State:	Zip Code:
Contact Person:		
Phone:	Email:	

2. APPLICANT INFORMATION		
Business Name:		
<input type="checkbox"/> Corporation (d/b/a)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
Mailing Address:		
City:	State:	Zip Code:
Business Owner:		
Phone:	Email:	
Contact Person (if different):		
Phone:	Email:	
3. BUSINESS INFORMATION		
Type of business:		
Start of operations in College Park:		

Are there other outlets of the business? If yes, please list the city and state for each.
Is the business at least 50% locally-owned (Baltimore/Washington metro area)?
Is the applicant the owner of the subject property? If not, please provide the expiration date of the lease at the subject property:

4. IMPROVEMENT INFORMATION
Estimated total cost of improvements:
Estimated date of completion:
Property owner contribution (if not also the business owner):

I/We hereby affirm that I/we have full legal capacity to authorize the filing of this application and that all information and exhibits herewith submitted are true and correct to the best of my/our knowledge. The applicant invites the City to make all reasonable inspections, investigations, and take pictures of the subject property during the process period associated with the application. I authorize the use of any pictures taken by the City.

I/We have read and understand the Business Retention Fund guidelines and requirements. I/we understand that any improvements completed prior to the notice of grant award will not be eligible for reimbursement. I/we agree to maintain all improvements of the property in good condition and in accordance with all applicable building codes.

Applicant Signature Date

Additional Business Owner Signature Date

SUBMITTAL REQUIREMENTS

1. Preliminary Submittal

- Completed and signed application form.
- Copy of executed lease for a business operating in rented premises.
- Written consent of property owner if applicant does not own property.
- List of all improvements that will be made and a cost estimate for each.
- Estimated construction schedule.
- Copy of Prince George's County (the "County") Use and Occupancy Permit.

2. Secondary Submittal - only required if application proceeds to final review but can be submitted with preliminary documents to expedite review process

- Copies of any construction plans and drawings, if applicable.
- Copies of agreements with contractors, if applicable.
- Construction schedule.
- Completed W-9 form.

3. Closeout Submittal - submitted at completion of work for reimbursement

- Proof of any required inspections and approvals from the County and/or the City.
- Receipts, invoices, or other evidence of payment for improvements and any other supporting records required by the City.

Only completed application packets, including all required documentation, will be reviewed by City staff.

Note: Applying for a retail business improvement grant does not obligate the City to approve a grant for the specified project. Only after the review and approval of the application will the City approve a grant.

The project shall comply with the Program Guidelines and only upon approved final inspections by the City, will the grant funds be distributed.

Business Assistance and Façade Improvement Construction and Schedule

Total cost of improvement not to exceed \$15,000 for exterior improvement and \$5,000 for interior improvements. Total amount shall not exceed \$15,000 for any property.

Improvement(s)	Cost/Estimate	Schedule
Interior		
Total Interior Cost		
Exterior		
Total Exterior Cost		
Total Reimbursement Request		