



EBOL STOREFRONT IMPROVEMENT PROGRAM

STAGE 1 APPLICATION: APPLICANT ELIGIBILITY Instructions/Guidance, Checklist, and Form

STAGE 1 APPLICATION: INSTRUCTIONS & GUIDANCE

Applicants must complete a Stage 1 Application form and mail or hand-deliver it with supporting documents for receipt in EBOL's office **on or before June 1, 2011 at 5:00 PM**

Emory Beacon of Light, Inc. (EBOL)

Attn: Marsha C. Brown
6128 Georgia Avenue NW
Washington, DC 20011

A *complete* Stage 1 Application comprises:

1. Application Checklist ó all boxes checked
2. Application Form ó all responses provided; original signatures and notary stamp/seal
3. Supporting Documents ó certificates and lease/deed copies

Applications submitted without all three items will not be reviewed.

Guidance to Prepare Application

Please review the Program Guidelines before completing the application. Guidelines may be downloaded at emorybol.org. Applicants may contact the program manager, Marsha Brown at 202-829-5732 or marsha.brown@emorybol.org to ask questions and receive guidance on preparing the application.

To ensure timely application completion, EBOL recommends that Applicants immediately take steps to:

- **Secure valid copies of Certificates** of Occupancy, Good Standing and Clean Hands (see *Section 1* of the *Application for Services – STEP 1*)
- *(if applicant leases the commercial space)*
Contact their property owner(s) to discuss their application and storefront improvements and obtain their approval to proceed;
- *(if applicant owns the commercial property)*
Retrieve property deed or secure a copy from the DC Recorder of Deeds at 202-727-5374 (see *Section 2* of the *Application for Service– STEP 1*).
- Interior space organization (no clutter in window and other display areas)?

WARD 4 STOREFRONT IMPROVEMENT PROGRAM

STAGE 1 APPLICATION: SUBMISSION CHECKLIST

APPLICANT (Business Name):

APPLICANT Completes	EBOL Completes (do not fill in)
Section 1: Applicant (Business & Business Owner)	
<input type="checkbox"/> Responses provided to all questions	<input type="checkbox"/> Responses Sec. 1
<input type="checkbox"/> Copy of Certificate of Occupancy attached, with:	<input type="checkbox"/> Certificate
<input type="checkbox"/> the name of applicant business	<input type="checkbox"/> Name
<input type="checkbox"/> a use consistent with the business' current operations	<input type="checkbox"/> Use
<input type="checkbox"/> Original Certificate of Good Standing issued by DCRA with:	<input type="checkbox"/> Certificate
<input type="checkbox"/> the name of the applicant business	<input type="checkbox"/> Name
<input type="checkbox"/> an issue date of <u>April 14 2011</u> or later	<input type="checkbox"/> Date
<input type="checkbox"/> signature and stamp/seal by DCRA staff	<input type="checkbox"/> Stamp/Seal
<input type="checkbox"/> Original Clean Hands Certificate issued by DCRA/OTR with:	<input type="checkbox"/> Certificate
<input type="checkbox"/> name of the applicant business	<input type="checkbox"/> Name
<input type="checkbox"/> an issue date of <u>April 14 2011</u> or later	<input type="checkbox"/> Date
<input type="checkbox"/> signature and stamp/seal by DCRA/OTR staff	<input type="checkbox"/> Stamp/Seal
Section 2: Commercial Property	
<input type="checkbox"/> Responses provided to all questions	<input type="checkbox"/> Responses Sec. 2
<input type="checkbox"/> Copy of <u>Lease</u> current through <u>December 2012</u> attached OR Copy of <u>deed</u> if Applicant is also property owner	<input type="checkbox"/> Lease current through Dec.2012 <input type="checkbox"/> Deed (if applicable)
Section 3: Storefront Improvement Requests	
If SIGN/AWNING service requested (if not leave blank):	
<input type="checkbox"/> Described current condition and need for service	<input type="checkbox"/> Response (sign)
<input type="checkbox"/> Enclosed picture depicting current condition	<input type="checkbox"/> Photograph (sign)
If DOOR service requested (if not leave blank):	
<input type="checkbox"/> Described current condition and need for service	<input type="checkbox"/> Response (door)
<input type="checkbox"/> Enclosed picture depicting current condition	<input type="checkbox"/> Photograph (door)
If GLASS service requested (if not leave blank):	
<input type="checkbox"/> Described condition and need for service	<input type="checkbox"/> Response (glass)
<input type="checkbox"/> Enclosed picture depicting current condition	<input type="checkbox"/> Photograph (glass)
If LIGHTING service requested:	
<input type="checkbox"/> Described condition and need for service	<input type="checkbox"/> Response (lighting)
<input type="checkbox"/> Enclosed picture depicting current condition	<input type="checkbox"/> Photograph (lighting)
If SECURITY GRATE service requested:	
<input type="checkbox"/> Described condition and need for service	<input type="checkbox"/> Response (security grate)
<input type="checkbox"/> Enclosed picture depicting current condition	<input type="checkbox"/> Photograph (security grate)
Section 4: Business Owner(s) Agreement	
<input type="checkbox"/> Responses provided to all questions	<input type="checkbox"/> Responses Sec. 4
<input type="checkbox"/> Original signature of all business owners	<input type="checkbox"/> Business Owners' signatures
<input type="checkbox"/> Original signature and stamp/seal of notary	<input type="checkbox"/> Notary stamp & signature
Section 5: Property Owner(s) Agreement	
<input type="checkbox"/> Responses provided to all questions	<input type="checkbox"/> Responses Sec. 5
<input type="checkbox"/> Original signature of all property owners	<input type="checkbox"/> Property Owners' signature

EBOL STOREFRONT IMPROVEMENT PROGRAM

Section 1. Applicant Information (Business & Business Owner)

- This information pertains to the business owner who is applying for the EBOL Storefront Improvement (SIP) services. Under the EBOL SIP program, only business owners in the Kennedy Street (unit to 900 blocks) and the Brightwood-Georgia Avenue (5300 ó 5800 blocks) can apply. If there are multiple business owners, all owners must sign the Application. Applicants who are leasing properties must obtain written approval from the property owner(s) for physical improvements or alterations to commercial property (see *Section 6*).

BUSINESS

Business Name

Address of Business

Type of Business (goods, services sold)

Web Site

Phone

Year began operating business at this location

BUSINESS OWNER

Name of Business Owner(s)

Alternate Phone for Business Owner (e.g., cell)

Email for Business Owner

Certificate of Occupancy

- Certificate issued by DCRA is attached, which has the name of the applicant business and a use consistent with the applicant business' current operations

Certificate of Good Standing

- Certificate issued by DCRA is attached, which has the name of the applicant business, an issue date of April 14, 2011 or later, and signature and stamp/seal by DCRA staff

Clean Hands Certificate

- Certificate issued by DCRA/OTR is attached, which has the name of the applicant business, an issue date of April 14, 2011 or later, and signature and stamp/seal by DCRA/OTR staff

Section 2. Commercial Property Information

Does the Applicant (business owner), lease or own the commercial property for which s/he is requesting storefront improvement services?

	LEASE the COMMERCIAL SPACE? If yes, provide answers in this column	OWN the PROPERTY? If yes, provide answers in this column
Name of Property Owner(s)	_____	
Phone number of Property Owner	_____	
Email of Property Owner	_____	
Property Owner Permission	<input type="checkbox"/> Obtained written permission from Property Owner(s) to implement requested improvements (see Section 5)	
Square Footage	_____ square feet	_____ square feet
Corner Location	<input type="checkbox"/> property is on corner	<input type="checkbox"/> property is on corner
Year purchased property		_____ (YYYY)
Lease Expiration date	_____ (MM/DD/YYYY)	
Proof of Ownership/Lease	<input type="checkbox"/> Copy of LEASE current through Dec. 2012 attached	<input type="checkbox"/> Copy of DEED attached

Section 3. SIP Service Request

Please indicate which SIP services you are requesting. Briefly describe the current condition and why improvements are needed. Provide a photograph of the existing condition.

BUSINESS SIGN OR AWNING:

1) **Current Condition:** What is the existing condition of the sign/awning?

2) **Improvement Requested:** Describe your requested change/improvement and why it is needed.

3) **Photograph is attached**

GLASS—STOREFRONT WINDOW or FRONT DOOR:

1) **Current Condition:** What is the existing condition of the glass for window and/or front door?

2) **Improvement Requested:** Describe your requested change/improvement and why it is needed.

3) **Photograph is attached**

DOOR—FRONT ENTRANCE

1) **Current Condition:** What is the existing condition of the front entrance door?

2) **Improvement Requested:** Describe your requested change/improvement and why it is needed.

3) **Photograph is attached**

Section 3. SIP Service Request (continued)

LIGHTING:

1) **Current Condition:** What is the existing condition of the lighting?

2) **Improvement Requested:** Describe your requested change/improvement and why it is needed.

3) **Photograph is attached**

SECURITY GRATE:

1) **Current Condition:** What is the existing condition of the security grates?

2) **Improvement Requested:** Describe your requested change/improvement and why it is needed.

3) **Photograph is attached**

Section 4. Agreement by Business Owner(s)

PART 1:

As business owner(s) of _____, I/we have:
(name of business)

- reviewed the EBOL Storefront Improvement Program Guidelines document that was provided with this application;
used the Submission Checklist to ensure that this application is complete on submission;
understand that determination of SIP services provided is at the discretion of DSLBD;
understand that I will have to pay the fees to obtain copies of required certificates and building permits (estimated at \$150-\$500 depending on the improvement);
agreed to maintain sufficient insurance coverage for property damage and personal liability relating to the storefront improvement project;
agreed to working with the approved vendor to implement the requested services should DSLBD approve my service request(s);
agreed to obtain written approval from DSLBD before removing or changing the SIP improvements for five years after completion (approximately September 2016); and,
will participate in the Business Needs and Business Health check Up assessments administered by EBOL; and,
will provide follow-up information about the impact of the completed SIP services on the business and its customers.

Signature of Business Owner

Signature of Co-Business Owner (if applicable)

Print Name Business Owner

Print Name Co-Business Owner

Date

Date

PART 2: This section must be signed in the witness of a valid Notary Public.

Applicant: I certify that the information recorded in this application is accurate and truthful to the best of my knowledge. If this Application is approved, I acknowledge that I will be required to return a signed Memorandum of Understanding that confirms the mutual responsibilities of the business owner/applicant, property owner, as applicable, and the EBOL

Signature of Applicant:

_____ Date: _____

Attested before a Notary Public:

_____ Date: _____

Section 5. Approval and Agreement by Property Owner(s)

As property owner(s) of _____, I/we have:
(address of commercial property)

- **reviewed the requested storefront improvement(s)**, for which my business owner tenant is applying for EBOL services (listed in *Section 3* of this application);
- **agreed to allow those physical improvements** to my commercial property should EBOL approve the request for service(s);
- agreed to maintain sufficient **insurance coverage** for property damage and personal liability relating to the storefront improvement project;
- agreed to obtain **written approval from DSLBD before removing or changing the SIP improvements for five years** after completion (approximately September 2016); and,
- agreed **not to sell the commercial property for three years** after completion of SIP services (approximately September 2014).

I/we certify that I am/we are the owner of this property on which the proposed storefront improvement services will be implemented, and that the applicant, in filing an application for approval, is acting with my knowledge and consent.

Proof of property ownership is attached.

Signature of Property Owner

Signature of Co-Property Owner (if applicable)

Print Name Property Owner

Print Name Co-Property Owner

Date

Date