
APPLICANT INFORMATION

Full Name

Phone Number

Business Name

Email Address

Mailing Address

City

State

Zip Code

Hours of Operation

Property Owner

Business Owner

Do you identify as BIPOC and/or Women?

Yes

No

BUILDING INFORMATION

Name of Property Owner

Email Address

Phone Number

Mailing Address

City

State

Zip Code

Number of Floors: _____

Current Building Use:

Ground Floor

Upper Floor(s)

Proposed Building Use:

Ground Floor

Upper Floor(s)

PROJECT SCOPE

 (Select all that apply)

Building Façade Enhancements

Signage

Landscape Elements

Lighting

Other:

PROJECT SUMMARY

Total Estimated Cost: _____ Total Grant Request: _____

This amount cannot exceed 50% of the total estimated cost or \$6K

Will you be able to cover the total costs of the proposed project? If yes, please provide a copy of the proof of funds.

Yes

No

I acknowledge that this is a reimbursement program, and if approved, I will be reimbursed 50% of the total cost of improvements/upgrades made up to \$6K.

Yes

No

How long do you anticipate this project to take from start to finish? _____

REQUIRED APPLICATION DOCUMENTS

Quotes/Estimates of Work to be Completed (*these need to be official quotes from contractor or vendors that you plan to use*)

Copy of Contractor Certification (*your contractors should be able to provide you with this document*)

Proof of Property or Business Ownership (*examples: tax bill, bank statement, business license, etc.*)

Copy of Property Insurance

Current Property Photos (*please provide at least 2 images in JPEG or PNG format that clearly show your building's façade or storefront*)

Itemized budget for all costs related to improvements/upgrades

NOTIFICATION

The LA Fashion District BID and the selection committee reserves the right to:

1. Reject, discontinue, modify or withhold any and all applications or grant payments.
2. Announce all grant commitments publicly.
3. Use before and after photography of your project to market the program.

RELEASE OF INFORMATION WAIVER

I hereby authorize the BID permission to share all application materials with selection committee members to review my application. I acknowledge that information provided to the BID may be released upon request in compliance with the California Public Records Act. I acknowledge that my presence may be requested at the selection committee meeting in which this grant application will be reviewed with appropriate notification.

Print Name

Title

Signature

Date

CERTIFICATION OF APPLICANT

I have read and fully understand the program guidelines and procedures of the SPRUCE IT UP Program and have provided all requested information to the best of my knowledge.

I understand the relationship created by the issuance of any grant under the SPRUCE IT UP Program is that of grantor and grantee. The SPRUCE IT UP Program is not intended to create a relationship such as a partnership, franchise, joint venture, agency, or employment relationship. Neither party may act in a manner which expresses or implies a relationship other than that of grantor and grantee, nor bind the other party.

Print Name

Title

Signature

Date

CERTIFICATION OF APPLICANT

I have reviewed this grant application and associated documentation and hereby authorize the project applicant to make these proposed changes to my property.

(To be completed by the Property Owner if Applicant is not the Property Owner)

Print Name

Title

Signature

Date