



LUKE A. BRONIN
MAYOR

CITY OF HARTFORD

DEPARTMENT OF DEVELOPMENT SERVICES

260 Constitution Plaza 1st Floor

Hartford, Connecticut 06103

Telephone: (860)757-9200

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www.hartfordct.gov



I. CHARLES MATHEWS
DIRECTOR OF DEVELOPMENT SERVICES

YVONNE ZHAO
DIRECTOR OF SMALL BUSINESS
INITIATIVES AND SUPPORT

Small Business Façade Improvement Program Application Checklist

Before you submit your application, please make sure that all fields have been completed accurately and complete the checklist below to confirm that all the required documents have been attached. Incomplete applications will not be reviewed.

- All project scope of work justification, explanation, and description documents are attached
- W-9 Form
- The Latest Certified Business Tax Transcripts or Returns
- City of Hartford Tax/Financial Certification and Declaration Form
- Request a Zoning Verification Letter here:
<https://www.hartfordct.gov/Government/Departments/DDS/DDS-Services/Request-Zoning-Verification-Letter>
- Applicant Certification
- Property Owner Verification

Hard copies of the W-9, City of Hartford Tax/Financial Certification and Declaration, Applicant Certification, and Property Owner Verification forms must be mailed to Small Business Division, Attn: Small Business Façade Program, City of Hartford Department of Development Services, 260 Constitution Plaza, 1st Floor, Hartford, CT, 06103. Applications will be considered incomplete until we receive the hard copies of these forms.

If you have questions regarding this program or the application process, email your inquiries to smallbiz@hartford.gov or call (860) 757-9223.



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Small Business Façade Improvement Program Application

Applicant Information			
<input type="checkbox"/> Property Owner		<input type="checkbox"/> Business Owner	
Applicant Name			
Mailing Address			
Primary Contact Name			
Email			
Phone			
Federal Tax ID (EIN)			
Property Information			
Property Address			
Property Tax ID			
Property Owner Name			
Property Owner Phone			
Property Owner Email			
Description of Property	<input type="checkbox"/> Commercial <input type="checkbox"/> Mixed-Use	Number of Floors	
Number of Commercial Units		Number of Residential Units	
Project Information			
Proposed Work Involves <i>(check all that apply)</i>	<input type="checkbox"/> Front of Building <input type="checkbox"/> Rear of Building <input type="checkbox"/> Side of Building		
Proposed Project is Visible from a Public Right of Way	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Includes <i>(check all that apply)</i>	<input type="checkbox"/> Cleaning <input type="checkbox"/> Painting <input type="checkbox"/> Signage <input type="checkbox"/> Siding <input type="checkbox"/> Awnings <input type="checkbox"/> Masonry Repair & Repoint		
<i>*subject to committee review and approval</i>	<input type="checkbox"/> Replace & Repair Openings <input type="checkbox"/> Accessibility Improvements* <input type="checkbox"/> Security Improvements* <input type="checkbox"/> Graffiti Removals* <input type="checkbox"/> Landscaping*		

Signature and Applicant Acknowledgement

The Applicant understands and agrees with the City as follows:

Absence of Conflicts of Interest

To the best of the Applicant’s knowledge, no member, officer or employee of the City of Hartford (City) has a personal financial interest, whether direct or indirect, in any transaction contemplated by this application, except as herein described.

Initial

False or Misleading Information

The Applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any award and disbursement.

Initial

APPLICANT CERTIFICATION

I, _____, hereby certify
(Name of Individual)

that I am a(n) officer / member / owner of _____,
(Business Name)

located at _____
(Business Address/es)

and that I am duly authorized to submit this application and make all promises and/or declarations included in this application and accompanying materials. I hereby attest that I have personally read, completed and reviewed the foregoing application and accompanying materials and that the completed application is true and accurate to the best of my knowledge. I further understand and acknowledge that submission of the foregoing application does not create an entitlement to City of Hartford funding, and that any and all action or inaction of the City concerning the award of any grant funding is done in the exercise of the City's sole judgment and absolute discretion.

Applicant's Signature

Date

Sworn and subscribed before me on this ____ day of _____, 20 ____.

Notary Public

My Commission Expires: _____

PROPERTY OWNER VERIFICATION

(IF APPLICABLE AND DIFFERENT FROM THE APPLICANT)

STATE OF _____)

COUNTY OF _____) SS:

_____ deposes and says that s/he is the
(Name of Individual)

OWNER of _____
(Property Address/es)

and that s/he is the person authorized to bind the property owner, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. Deponent further acknowledges review and understanding of the City's published policies, and agrees to be bound by and comply with, all such policies as set forth in the application.

Owner's Signature

Notary Public

My Commission Expires: _____