



# City of New Bedford

## Office of Housing & Community Development

608 Pleasant Street, New Bedford, Massachusetts 02740

Telephone: (508) 979.1500 & (508) 979.1581 Fax: (508) 979.1575

**PATRICK J. SULLIVAN**  
**DIRECTOR**

### **"STOREFRONT REIMBURSEMENT PROGRAM"**

#### **PROGRAM DESCRIPTION:**

The purpose of this program is to provide financial assistance for necessary rehabilitation/restoration of commercial storefront/businesses located within the **Eligible Census Tracts** of New Bedford. **Work cannot begin until written approval has been received from the Office of Housing & Community Development. NO APPLICATION WILL BE ACCEPTED IF WORK HAS ALREADY BEEN COMPLETED.**

<b>ELIGIBLE PROPERTIES</b>	Commercial storefronts located within the eligible census tracts of New Bedford.
<b>ELIGIBLE ACTIVITIES</b>	Work eligible shall be limited to the exterior of that portion of the building that is considered by the Office of Housing and Community Development to be the commercial storefront and appropriate signs and awnings.
<b>INTEREST RATES</b>	Funding for this program is a direct grant. The reimbursement will represent the approved cost for <u>materials only</u> of the authorized work.
<b>LOAN AMOUNTS</b>	Direct grant up to a maximum of \$2,000 per storefront/business.

## **STOREFRONT REIMBURSEMENT PROGRAM PROGRAM GUIDELINES**

The purpose of this program is to provide financial assistance for necessary rehabilitation or restoration of commercial storefronts located within the **City of New Bedford**. **To be eligible, business must be located within low/moderate income areas (eligible census tracts areas) and the business must provide services to residents within the low/moderate income neighborhood. Please call the Office of Housing & Community Development at 979-1500 to determine eligibility.**

To this end, the following guidelines have been established. Please pay special attention to the fact that **work cannot begin until written approval has been received from the Office of Housing and Community Development. NO APPLICATION WILL BE ACCEPTED IF WORK HAS ALREADY BEEN COMPLETED.**

1. Money shall be available to owners or leases of commercial storefronts who agree to make approved repairs or alterations to their property. Application must be reviewed and approved by this office before beginning the project. Once approved, a commitment/approval letter and agreement will be sent to applicant. Money will be provided as a reimbursement once the **approved work has been completed and paid** for by the applicant.
2. The amount of the reimbursement will depend upon the total amount of authorized work. In general, the reimbursement will represent the approved cost for **materials only**; however, the reimbursement cannot exceed \$2,000.00. The approved cost will be lower of two acceptable bids submitted in writing. **The contractor bids must separate labor and material costs. The bid from the contractor undertaking the project must be accompanied by a signed non-collusion affidavit.**
3. Work eligible shall be limited to the exterior of that portion of the building that is considered by the Office of Housing and Community Development to be the commercial storefront/business and appropriate signs and awnings.
4. Proposed work must be submitted to the Office of Housing and Community Development for review by the Rehabilitation Specialist. **If the work is to be a sign, awning, or alterations to the facade, a detailed plan and sketch describing the proposed work must be submitted for review. Work cannot begin without prior written approval from this office.**
5. Owners or (tenants with written permission from the owner(s)), may apply for reimbursement. One reimbursement per business is allowed per fiscal year (July 1 – June 30). **A business will be limited to 3 reimbursements per business location.**
6. All real estate taxes due the city of New Bedford for the subject property must be paid in full.

7. If a reimbursement is approved, applicant will be required to sign an agreement with the City of New Bedford in such form as required.
8. Reimbursement means no payment is issued until the project has been paid in full by the applicant. PAID IN FULL invoices and/or cancelled checks are required as proof of payment(s) for the purpose of reimbursement.
9. No application should be considered to have been approved or rejected until notification to that effect is received in writing from the Office of Housing and Community Development. Any work included in an application, which was undertaken prior to authorization, may be excluded from an approved list of eligible work items.
10. **If the building is located within the designated Historic District any exterior work must be reviewed and approved by the New Bedford Historical Commission. Applicant must obtain a Certificate of Appropriateness from the Historic Commission and submit with the application. That Commission can be contacted through the Office of Housing and Community Development.**
11. The Office of Housing and Community Development reserves the right to make the final determination as to appropriateness, suitability and necessity of requested work items. Further, this body reserves the right to make the final determination as to whether work was carried out according to approved specifications.
12. **A DUNS number must be submitted with the application. This is a HUD requirement with no cost to the applicant. A number can be obtained either by calling an 800 number. Information is enclosed.**

## STOREFRONT REHABILITATION REIMBURSEMENT APPLICATION

**Applicant's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Tel. #: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Tel. #: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

DUNS Number: (see information sheet) \_\_\_\_\_

Is business:            New \_\_\_\_\_            Existing \_\_\_\_\_  
Applicant is:            \_\_\_ Owner of Building or \_\_\_ Leaseholder

(If Leaseholder)

Name of Owner: \_\_\_\_\_

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

### REHABILITATION CONSISTS OF:

- \_\_\_ Exterior Storefront Rehabilitation
- \_\_\_ Sign Replacement Improvement
- \_\_\_ Awning

ESTIMATED COST OF COMMERCIAL REHABILITATION:            \$ \_\_\_\_\_

### ADDITIONAL REQUIRED INFORMATION:

1.     \_\_\_     If Leaseholder: **written permission** from owner to do proposed rehabilitation.
2.     \_\_\_     Two (2) written proposals with **cost breakdown by materials and labor**.
3.     \_\_\_     Signed Non-Collusion Affidavit must be submitted with selected bidder (usually the lowest bidder).
4.     \_\_\_     Written description of proposed rehabilitation work.
5.     \_\_\_     Drawings of existing and proposed storefronts, or dimensions and design of any proposed sign or awning.
6.     \_\_\_     If located within the Historic District, a Certificate of Appropriateness must be obtained from the Historic Commission and submitted with application.
7.     \_\_\_     **Must obtain a DUNS Number** (see enclosed information)

The applicant hereby certifies that information contained in this application and all information furnished for the development of this application is true to the best of his/her knowledge or

# STOREFRONT GRANT REIMBURSEMENT PROGRAM

## AREA BENEFIT ACTIVITY DOCUMENTATION:

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Business Name

Location of Activity

Address of Business: \_\_\_\_\_

Accessibility

Is the business reasonably accessible to neighborhood residents?

Yes

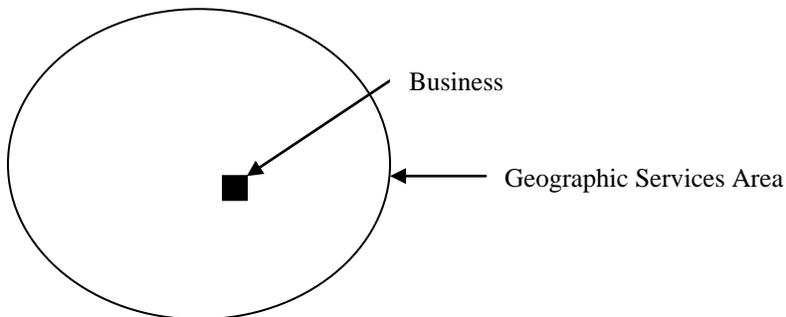
No

Commercial Service Area

Indicate nature of business and the reasonable service area that the business benefits:  
(This funding grant must assist businesses that services residents that reside within low and moderate-income areas)

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Service Area: < .25  mile    .25 - .50  mile    > .50 mile



**NON-COLLUSION AFFIDAVIT**  
(To be completed by Bidder)

1. I/We \_\_\_\_\_, depose and say that: I/We am an (owner, partner, officer, representative or agent) of \_\_\_\_\_, the bidder that has submitted the attached bid:
  
2. I/We \_\_\_\_\_, depose and say that: I/We are the applicants to rehabilitation property located at \_\_\_\_\_, New Bedford, Massachusetts:
  
3. I/We are fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid:
  
4. Such bid is genuine and is not a collusive or sham bid:
  
5. Neither the applicant or bidder, nor any of their officers, partners, owners, agents, representatives, employees or parties in interest, including these affiliates, have in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder, firm or person, to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted, or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm, or person, to fix the price or prices in the attached bid or of any other bidder or to fix any overhead, profit or cost element of the bid price or the bid price of any other bidder, or to secure through any collusion, conspiracy, connivance or unlawful agreement, any advantage against the city of New Bedford, or any person interested in the proposed contract: and
  
6. The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the applicant or bidder, nor any of their agents, representatives, owners, employees, or parties in interest, including these affiliates.

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Bidder's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Bidder's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Storefront Reimbursement Program  
Tax Verification Form

Name of Applicant: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Plot/Lot: \_\_\_\_\_

Owner of Property: \_\_\_\_\_