Small Business Services

SMALL BUSINESS STOREFRONT IMPROVEMENT PROGRAM

Statement of Support

By signing below, I request to participate in Small Business Storefront Improvement Program. The façade improvements identified in this application reflect identified needs of the identified storefront. If this application receives preliminary approval, I understand that I must participate in a site visit with the selection committee and review the proposed design. I also understand that it is my responsibility to secure a licensed contractor for the construction of the façade improvements, and that this contractor must also be in attendance during the site visit. If I cannot identify a licensed contractor, I must notify the NYC Department of Small Business Services upon submitting the application. I acknowledge that the selection committee will consider other factors such as level of need throughout the corridor, the available program budget and the assessment of program architects when determining the final project scope, design, and budget. Furthermore, I understand that all business and property owners must approve the final design in order for construction to begin.

_____ Date: _____/_____/_____
Applicant Signature

_____ Date: _____/_____/_____
Business Owner Signature (if more than one business owner)

_____ Date: _____/_____/_____
Property Owner Signature

_____ Date: _____/_____/_____
Property Owner Signature (if more than one property owner)