

# City of Salem Storefront Improvement Program

## Project Consideration Form

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**Kimberley Driscoll**  
Mayor

**Lynn G. Duncan**  
Director, DPCD

Thank you for your interest in improving your storefront and helping to make Salem a more attractive place! Please answer the following questions about your potential improvements to help us determine if you are a good candidate and return to the Department of Planning and Community Development (DPCD). A completed and signed project consideration form are necessary for consideration into this program.

### Who are you?

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Property Owner     Business Owner     Other \_\_\_\_\_

*Note: If you are not the property owner, please have the owner or an authorized representative sign where indicated in the General Conditions Form.*

### Where are you located?

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### What type of assistance are you looking for? (check all that apply)

- Design Assistance (no cost to business or owner)
- Construction Grant (up to \$5,000) for Exterior Storefront Improvements

### What type of storefront improvements do you plan to make?

Brief Description (e.g. new doors / windows, signs, lights, painting, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

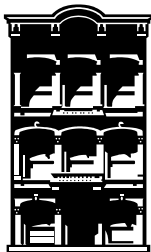
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Please do not fill out below this line.

DPCD Approved \_\_\_\_\_

Date \_\_\_\_\_



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## General Conditions

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**Kimberley Driscoll**  
Mayor

**Lynn G. Duncan**  
Director, DPCD

1. I have read and understand the guidelines of the Storefront Improvement Program.
2. I understand and agree that all work completed prior to final approval is ineligible for funding.
3. I understand that if accepted into the program all constructions costs exceeding \$2,000 will require the payment of prevailing wages as stated in the federal Davis-Bacon Act.
4. I understand that to be eligible for this program I must be current with all city taxes and fees and be in compliance with all city ordinances and regulations.
5. I understand that the City of Salem reserves the right to make changes in the conditions of the Storefront Improvement Program as warranted.
6. I understand that I am not officially accepted into the Storefront Improvement Program until my design is approved by all necessary parties and I receive a commitment letter from the city.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Property Owner Authorization

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If the applicant is not the property owner, please have the property owner, or an authorized representative, review the information submitted, sign below, and check the Conflict of Interest Disclosure.

As owner of the property at \_\_\_\_\_ I agree to the above conditions and authorize the said business owner to make exterior improvements to my property as part of the Storefront Improvement Program.

Signature of Property Owner  
or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

## Conflict of Interest Disclosure

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Are you, the **applicant**, a member of a City of Salem Board or Commission?

\_\_\_\_yes                      \_\_\_\_no

Are you, the **property owner**, a member of a City of Salem Board or Commission?

\_\_\_\_yes                      \_\_\_\_no