The City of Cleveland’s Department of Community Development administers the Storefront Renovation Program in targeted areas of Cleveland’s neighborhood retail districts. The goal of the program is to rehabilitate/renovate the exterior surfaces of primarily traditional storefront buildings in a comprehensive manner. That includes correction of deferred maintenance items, correction of code violations, the renovation of architectural details and the design and installation of new retail business signage. Storefront Renovation Program projects typically fall within a total project range of $40,000 - $80,000. The program is federally funded and requires that federal prevailing wages be paid to any construction contractor’s employees or subcontractors where the bid exceeds $2,000 (where applicable). Submission of payroll forms are required from both Owner-operator contractors (self-performing contractors) and General contractors (contractors that sub work out) when a bid exceeds $2,000. The majority of Storefront Program work requires that the contractor(s) also be registered with the City’s Department of Building & Housing in order to obtain construction permits for work performed. The Storefront Program does not pay contractors directly for work performed. Instead, the contractor is paid directly by the Storefront Program Applicant.

Application Requirements for SFRP Certification Applicants:

1. Storefront Renovation Program (SFRP) certification is required annually. This application form can be used for new applications or for the renewal of an expiring certification. The certification application form follows on the next page.

2. The SFRP Certification Application must be submitted to the Department of OEO in hard copy form (certification applications are not accepted by fax or electronically).

3. No certification application form will be accepted unless it is printed or typewritten, notarized and bears the signature(s) of the owner(s).

4. It is your responsibility to initiate the re-certification process before the expiration date of your certification for the prior year. No reminder notice will be issued by the City to inform you to re-initiate your SFRP certification.

5. You must complete a new SFRP certification application package at any time if any of the following circumstances apply:
   a. There has been a change in ownership or control of your company, or
   b. You have added or deleted a product line or service, or
   c. Your business has relocated (change of address) and/or
   d. If there is other pertinent information you believe should be included in OEO’s certification file.

6. If you have questions about the SFRP application, please call: 216 664-4152

7. Please mail or drop off application to: Cleveland City Hall
   Mayor’s Office of Equal Opportunity
   601 Lakeside Avenue, Room 335
   Cleveland, OH 44114
SFRP Certification Application and Affidavit

Company Name: ____________________________________________________

Company Contact Person(s): __________________________________________

Address: (where CEO and top management perform their management duties)

____________________________________________________________________

City: _______________ Zip: _____________ County: ________________________

Office Phone: ___________ Cell Phone: ___________ Fax: ________________

Email Address: ________________________________

Website: ________________________________

Owners Name(s) / Title(s) / Percentage of business owned / Race / Gender /

____________________________________________________________________

____________________________________________________________________

Definition: “Minority Person” means a United States citizen or lawful, permanent resident who is a member of a racial or ethnic group, such as African American, Hispanic American, Asian American or Native American, against whom past or present discrimination has been demonstrated as provided in Section 187.28.

Brief description of products and/or services:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What construction or professional services do you self-perform? _________________________

____________________________________________________________________

What construction or professional services do you sub-contract? _________________________

____________________________________________________________________

__________ I attest that the information contained in this application is correct.
(Please initial above.)

This certification form does not waive the right of the City Of Cleveland to request additional information, or from making site visits as part of the certification process. The Office of Equal Opportunity retains the right to deny certification to a company even when other entities have decided to grant that company certification.

**Note: If you are also interested in becoming a certified Minority, Female, Cleveland Small, Local Producer, or Sustainable Business Enterprise, please go to www.city.cleveland.us/oeo . The full OEO certification application will be located under ‘most requested’.
RECOMMENDED SUBMISSIONS

Please submit a copy of the following documents with this Affidavit:

<table>
<thead>
<tr>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Application (Affidavit MUST be notarized)</td>
</tr>
<tr>
<td>Office Lease or Rental Agreement (if applicable)-(indicate if ‘home business’) *HB</td>
</tr>
<tr>
<td>City of Cleveland’s Building and Housing Registration Certificate</td>
</tr>
<tr>
<td>1 copy of most current bank statement for business</td>
</tr>
<tr>
<td>Most current federal business taxes and/or personal federal tax returns</td>
</tr>
<tr>
<td>Up to 6 signed copies of past contracts or purchase orders or invoices</td>
</tr>
<tr>
<td>State of Ohio Registration Certificate or Articles of Incorporation - (if applicable)</td>
</tr>
<tr>
<td>List of Equipment Owned/Leased – (Print or Type)</td>
</tr>
<tr>
<td>(Birth Certificate – minority status verification) and (photo ID - Driver’s License or Passport)</td>
</tr>
<tr>
<td>Business Card and/or Company Brochure</td>
</tr>
</tbody>
</table>

Gross Revenue

Most recent fiscal year _____________________________________________
Fiscal year prior to the above ___________________________________________

STATE OF OHIO: )
) S.S.
CUYAHOGA COUNTY )

I, ________________________________, being first duly sworn, depose and say that I am
the______________________ of ______________________, and the foregoing information in this
affidavit and application is true to the best of my knowledge.

NOTARIZATION: (Sign in the presence of a NOTARY PUBLIC)

Signature: ________________________________
Name (print): ________________________________
Title: ________________________________
Date: ________________________________

State of __________________ County of ____________________________
On this the _________________ day of __________________ 20__________, before me appeared
(Name) ________________________, that he or she was properly authorized by (Name of
Firm) ________________________, to execute the Affidavit and did so of his or her free act
and deed.

(Seal) Notary Public __________________ My commission expires ________________________