



City of Eustis

## Gateway Corridor Improvement Matching Grant Application

Date: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Gateway Corridor property address: \_\_\_\_\_

Alternate Key #: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Description of Proposed Improvement\*\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Paint Colors: Walls \_\_\_\_\_ Trim \_\_\_\_\_

Estimated Cost of Improvements: \_\_\_\_\_ (See important note below)

**Important Note:**

- Application must include quotes/estimates/proposals for work to be performed
- *Upon completion of repairs/improvements, Applicants must submit receipts, and a W-9 in order to receive reimbursement.*
- *No reimbursement will be issued for expenditures completed prior to grant application and approval.*

**APPLICANT SIGNATURE:**

I certify that the information in this application is true and accurate to the best of my knowledge: \_\_\_\_\_

**PROPERTY OWNER SIGNATURE**

I acknowledge that I am aware of the repair(s) and/or improvement(s) applicant is seeking, and grant my approval. \_\_\_\_\_

## Documents that must Accompany each Gateway Grant Application

1. A contractor's estimate of work to be done on the proposed project is required with each application.

Description		Qty	Price	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Job Estimate**

**Company Name**

Address Line 1  
City, State, Zip  
(555) 555-5555  
Date: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ESTIMATE # \_\_\_\_\_


Notes

Sub Total \_\_\_\_\_  
Taxes \_\_\_\_\_  
Other \_\_\_\_\_  
Grand Total \_\_\_\_\_

This project estimate is based on information and requirements provided by the client and is not guaranteed. Actual cost and terms may change once all project elements are discussed, negotiated, and finalized. Prior to any change in cost, the client will be notified. Estimate valid for 30 days.

CLIENT	CONTRACTOR
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

2. A copy of paid invoices as proof that you have paid for the contractor’s services.



PAID

**Zylker Greenscape**  
14B, Northern Street  
Greater South Avenue  
New York 10001  
U.S.A

Bill To

Jessica Brown

321 Pine Rd

Houston

77001 TX

United States

INVOICE

Invoice#

INV-000001

Invoice Date

05 Aug 2024

Terms

Due end of the month

Due Date

31 Aug 2024

#	Item	Description	Qty	Rate	Amount
1	Landscaping	(Design & Installation)	1.00	4,590.00	4,590.00
2	Lawn maintenance	Irrigation system	1.00	1,800.00	1,800.00
3	Hardscaping	(patio)	1.00	15.00	9,750.00
Thanks for your business			Sub Total		16,140.00
			Discount(6.00%)		(-)968.40
			Shipping charge		1,000.00
			Advance paid		(-)5,000.00
			Total		\$12,688.76
			Balance Due		\$12,688.76

Terms & Conditions

All services provided are subject to the terms and conditions outlined in the contract agreement or engagement letter.

3. A completed IRS Form W-9 made out to the business or person who will receive the Gateway Grant reimbursement.

**Form W-9**  
(Rev. March 2024)  
Department of the Treasury

**Request for Taxpayer Identification Number and Certification**  
Go to [www.irs.gov/FormW9](https://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Internal Revenue Service

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3 **Check** the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ LLC

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership). **Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code and classification of the LLC, unless it is a disregarded entity. A disregarded entity's tax classification is the same as the tax classification of its owner.

☐ Other (see instructions)

4 **Exemptions** (codes apply only to certain entities, not individuals; see instructions on page 3):

5 Exempt payee code (if any)

6 Section 1411(c)(2) election from Foreign Account Tax Compliance Act (FATCA) reporting (if any)

7 If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and are providing this form to a partnership, trust, or estate in which you have any foreign partners, owners, or beneficiaries. See instructions for details.

8 Address (number, street, and apt. or suite no.)

9 City, state, and ZIP code

10 List account number(s) here

11 Social security number

12 Employer identification number

Enter your TIN in the appropriate box. The TIN must match the name given on line 1 to avoid backup withholding. For individuals, this is generally the social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Part I Taxpayer Identification**

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.