

COMMERCIAL PROPERTY IMPROVEMENT PROGRAM

APPLICATION 2026

1. OWNER/APPLICANT INFORMATION

Name of Owner: _____

Owner's Address: _____

Telephone: _____ Fax Number: _____

Name of Applicant: _____

Title: _____

Telephone: _____ Fax Number: _____

Email address: _____

2. PROPERTY INFORMATION

Retail Center Name _____

Address: _____

Property Tax ID: _____

Size of Shopping Center/Retail Property: _____

Percent of square footage currently vacant: _____

Anchor tenant(s): _____

Lease expiration date for anchor tenant(s): _____

Year built: _____: How long have you owned property _____?

Year of most recent renovation/upgrade: _____

Council Member District Representative _____?

What district number is the property located _____?

Describe recent improvements below:

Are all mortgages on property current? _____ Yes _____ No

Status of County Tax obligations: _____ Paid _____ Delinquent.

Outstanding code violations: _____ Yes _____ No

3. IMPROVEMENTS

Select at least 3 from the list below

_____ Redesign and construction of storefront façade.

_____ Upgrade of major building systems to increase energy efficiency.

_____ Replacement or repair of cornice, parapets and other architectural features.

_____ Replacement of doors and windows on front façade of property.

_____ Installation or upgrading of exterior lighting.

_____ Installation or improvement of signage.

_____ Installation or replacement of awnings or canopies.

_____ Exterior painting or repointing of brick.

_____ Installation of art and landscape features.

_____ Parking lot improvements: repaving/resurfacing/restriping

_____ Roof replacement

Please attach a summary specifically describing the nature of the project, improvements, and timetable for completing the proposed improvements.

Project Architect (if identified): _____

Building Permit (s) will be needed: _____ Yes _____ No

Please note, if any of the above items are missing in section **(5)** of the required documents, your submission will not be considered .

4. IMPROVEMENTS FINANCING

Total Project Cost: _____

Applicant’s Contribution: _____

CPIP Matching Grant Request _____

How will applicant’s portion of the project be financed?

_____ -

Please note that both CPIP Matching Grant is disbursed on a reimbursable basis after work is completed, inspected, paid for and contractor lien release provided. In addition, CPIP Matching Grant will be disbursed upon verification of applicant’s matching expenditure.

5. REQUIRED APPLICATION SUBMISSIONS

Ln. #	Required Document Description / Attachment Name/Description
1	Active Business License
2	Proof of Ownership – Copy of deed with legal description
3	Certificate of Good Standing issued by State of Maryland
4	Certificate of Insurance (COI) meeting minimum required coverage (current)
5	Current tenant list (if applicable)
6	Documentation from lending institution(s) verifying mortgage(s) are current
7	Documentation indicating that County taxes are current

8	A proposed scope of work setting forth in concise detail the work to be performed ("Scope"), together with an estimated schedule ("Schedule") and estimated budget ("Budget"),
9	Sketches or conceptual drawings of the anticipated improvements
10	Photographs of existing property and area(s) to be improved
11	Matching funds and amount (source)
12	Three (3) contractor bids for each aspect of work to be completed
13	Articles of Incorporation and Bylaws; Organizational Chart; Federal tax-exempt status determination letter, as applicable; Evidence of attempt to Obtain required insurance; Project schedule etc. etc.

6. CERTIFICATION

All owners authorized corporate officers, or partners must sign this application.

We have read, understand, and accept the CPIP Program Guidelines and Application requirements. The information contained in this application is accurate to the best of my knowledge. Applicants understand that business and/or property information may be requested pursuant to this application and hereby give consent for such information to be provided. The Redevelopment Authority of Prince George’s County retains the sole right to make the decision regarding the approval, denial, or modification of this application.

Name (Print)

Title

Signature

Date

Name (Print)

Title

Signature

Date