



CITY OF CAMBRIDGE
COMMUNITY DEVELOPMENT DEPARTMENT
Retail Interior Accessibility Program Application

APPLICANT INFORMATION:

Applicant Name: Business Name:

Mailing Address:

Telephone Number: Website:

Email Address:

Business Organization of Applicant: Corporation (d/b/a) Partnership LLC Sole Proprietorship

APPLICANT DEMOGRAPHICS:

Do you self-identify as a historically disadvantaged business owner (women, people of color, veterans, individuals that are disabled, and members of the LGBTQ+ community)? Please specify which:

\_\_\_\_\_

A woman or minority-owned business, as defined by the Massachusetts Supplier Diversity Office, includes businesses that are majority-owned by: a woman or women, a person or persons identifying as a racial minority, a person or persons identifying as LGBTQ, a veteran or veterans, a person or persons with a disability, or a person or persons of Portuguese decent.

ETHNICITY: Check only the one that applies to you:

- Hispanic or Latino Not Hispanic or Latino

GENDER and RACE: Check one or more that apply to you:

- American Indian or Alaska Native Asian and White Asian
Black or African American and White Black or African American White
Native Hawaiian or other Pacific Islander
American Indian or Alaska Native and Black or African American Other multi-racial
Male Female Other

APPLICANT STATUS:

If the applicant is a commercial tenant, renting from a landlord or building owner:
1. Submit a copy of Cambridge Business Certificate
2. Submit written permission from landlord or building owner to participate in Retail Interior Accessibility Program, including expiration date of present lease.

If the applicant is a landlord or building owner:
1. Submit a copy of latest tax bill and proof of payment

**PROPOSED PROJECT INFORMATION:**

Business Street Address (if different from mailing): \_\_\_\_\_

Check all that apply and/or describe improvement ideas:

- Accessible Tables    Accessible Counter    Braille Menus    Hearing Loops    Accessible Bathroom
- Accessible Shelving    ADA & Directional Signage    Aisle Expansion    Interior Ramp    Automatic Door Openers
- Other: \_\_\_\_\_

**DECLARATIONS:**

1. Does the applicant or co-applicant owe any property taxes to the City of Cambridge?	YES	NO
2. Has the applicant received or expected to receive, a financial interest or benefit from a CDBG-related activity or contract?	YES	NO
3. Does the applicant have an immediate family member who received or expected to receive, a financial interest or benefit from a CDBG-related activity or contract?	YES	NO
4. Is the applicant or co-applicant one or more of following:		
Involved in a political campaign	YES	NO
A candidate or public official or foreign political official	YES	NO
An immediate family member of a political official	YES	NO
A business entity formed by or for the benefit of any public official	YES	NO
A member of a local board or committee	YES	NO

If YES to any of the above questions, please provide details here: \_\_\_\_\_

Please note: While [Cannabis Businesses are now permitted in the City of Cambridge](#), cannabis businesses are nonetheless illegal under federal regulations. As such, Retail Interior Accessibility Program funds may not be used to benefit a cannabis business nor a property owner installing a cannabis business in their property. Cannabis businesses and property owners leasing to cannabis businesses are ineligible for funding at this time.

**ATTESTATION:**

Initial after each statement. Consult the Retail Interior Accessibility Program manager with any questions.

- I have received, and reviewed, the most recent Retail Interior Accessibility Program Guidelines.  
\_\_\_\_\_ (initial)
- I understand that alterations and improvements made prior to receiving a signed reimbursement contract or a "Notice to Proceed with Improvements" are not eligible for reimbursement.  
\_\_\_\_\_ (initial)

- I have been provided a Payroll Form wh347, understand that any permanent construction or substantial rehabilitation work that exceeds \$2,000 is subject to the Davis-Bacon and Related Acts (DBRA) under HUD guidelines, and that it is my responsibility to share Payroll Form wh347 and the most recent wage rates with my chosen contractor.  
\_\_\_\_\_ (initial)
  
- I understand that for stand-alone RIAP projects, applicants are reimbursed after the applicant has paid their architect, contractor and vendor(s) in full and after the project is determined to have been completed in accordance with all state and federal accessibility regulations as well as the scope of services detailed in the contract between the City and applicant.  
\_\_\_\_\_ (initial)
  
- I understand that City staff from the Community Development Department (CDD) may withhold funds if accessibility upgrades are constructed incorrectly, not to code, and if a Massachusetts Architectural Access Board (MAAB) Variance is/has not been granted by the MAAB.  
\_\_\_\_\_ (initial)

**CERTIFICATION**

Please note: for applicants that are commercial tenants renting a space, a landlord or building owner co-sign is required.

The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project, and the undersigned agrees to promptly inform the City of Cambridge Community Development Department of any changes in the proposed project which may occur

\_\_\_\_\_  
Signature of Building Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Commercial Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Tax ID #

**Return Completed Application and Supplemental Docs to:**

Christina DiLisio, Economic Development Specialist, Cambridge Community Development Department

City Hall Annex, 3<sup>rd</sup> Floor 344 Broadway, Cambridge, MA 02139

Web: [www.cambridgema.gov/CDD](http://www.cambridgema.gov/CDD) Telephone: (617) 349-4601

E-mail: [cdilisio@cambridgema.gov](mailto:cdilisio@cambridgema.gov)