

Façade Improvement Grant Program Application

2020

(Name of Applicant)

(Date Submitted)

(Signature of Applicant)

(Grant Amount Requested)

I. PROJECT APPLICANT (Owner of Property)

Project Applicant's Legal Name: _____
Street Address: _____
City, State, Zip _____
Telephone Number: _____
Email Address: _____
Contact Person(s)/Title: _____
Address of Property: _____

Is applicant a subsidiary or direct or indirect affiliate of any other organization?
 Yes No

All Property Owners are to be listed below:

| Name | | | |
|------------------|--------------------------|--|------------------|
| Home Address | | | |
| Telephone number | <u>Social Security #</u> | | <u>Ownership</u> |
| 1. _____ | _____ | | _____% |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 2. _____ | _____ | | _____% |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 3. _____ | _____ | | _____% |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Does any individual person or organization not listed above hold any interest in the property, directly or indirectly?
 Yes No

Please list below each occupant of the facility in question, together with a description of the type of business use and percentage of occupancy of the facility to be financed.

| Occupant | Type of Business | % Occupancy | Lease Term* |
|----------|------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Provide Copy of Lease(s)

Property Information:

Property ID Number: _____

**Assessment: Land _____
 Improvements _____
Total _____

If an appraisal has been performed within the last 3 years, please provide the information below.

Appraisal Amount: _____
 Date of Appraisal _____

**If unsure, contact staff

II. PROBABLE CONTRACTOR(S) INVOLVED IN PROJECT:

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Email Address _____
Contact Person _____

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Email Address _____
Contact Person _____

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Email Address _____
Contact Person _____

III. OTHER PROFESSIONAL PARTIES INVOLVED IN PROJECT:

(ex: Accountants, Lawyers, etc.)

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Email Address _____
Contact Person _____

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Email Address _____
Contact Person _____

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Email Address _____
Contact Person _____

IV. PROJECT INFORMATION

Please specify costs for work items as categorized below:

| Eligible Activity | | Description of Improvements | Amount |
|---|-----------------------|-----------------------------|-----------|
| Canopy/awning | <input type="radio"/> | | \$ |
| Accessibility ADA compliant projects | <input type="radio"/> | | \$ |
| Exterior finishes and materials | <input type="radio"/> | | \$ |
| Exterior lighting | <input type="radio"/> | | \$ |
| Exterior painting, including prep | <input type="radio"/> | | \$ |
| Fencing | <input type="radio"/> | | \$ |
| "Green"/Sustainable exterior improvements | <input type="radio"/> | | \$ |
| Hardscape improvements | <input type="radio"/> | | \$ |
| Landscaping improvements | <input type="radio"/> | | \$ |
| Paving | <input type="radio"/> | | \$ |
| Permanent landscape-related features | <input type="radio"/> | | \$ |
| Roofing | <input type="radio"/> | | \$ |
| Windows/Doors | <input type="radio"/> | | \$ |
| Window and cornice flashing | <input type="radio"/> | | \$ |
| Other | <input type="radio"/> | | \$ |
| Total | | | \$ |

Has any construction, rehabilitation, or renovation activity occurred to date which is included in the total project cost?

- Yes No

If Yes, please summarize the extent of the activity undertaken and identify what percent it represents of the total work to be done.

Zoning and Infrastructure:

What is the current zoning of this property? _____

Is this property occupied?

Yes No

If no, what is the proposed use of this property?

The proposed use of the project meets all governmental zoning and subdivision regulations.

Yes No

V. AMOUNT AND SOURCE OF OTHER FUNDS INVOLVED IN PROJECT

Applicant _____ Amount _____

Bank _____ Amount _____

Equity _____ Amount _____

Investors _____ Amount _____

Other _____ Amount _____

VI. PROJECT BENEFITS

How will this grant help the business and surrounding community?:

Are there any other benefits to the City?:

VII. SIGNATURES

Please read the following and sign the application form below.

All property/business owners, partners, etc. must sign this application form. If there are any questions, please call Development staff at 926-8428.

Name (Print)_____

Name (Print)_____

Signature _____

Signature _____

Date _____

Date _____

E-mail_____

E-mail _____

Name (Print)_____

Name (Print)_____

Signature _____

Signature _____

Date _____

Date _____

E-mail_____

E-mail _____

VIII. PUBLIC INFORMATION DISCLOSURE

The undersigned understands and agrees that all information furnished in connection with his application for the Façade Improvement Grant involves the use of public funds and as such may be made public pursuant to the statutes of the United States of America and the Commonwealth of Virginia.

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

IX. REQUIRED ATTACHMENTS TO APPLICATION

- \$25.00 Non-Refundable application fee
- Such non-financial information or supporting information necessary to substantiate the application, including, but not limited to:

Estimates, schedules of completion, quotations, contracts, leases, agreements, documentation from architects, engineers, contractors, suppliers, or others involved in the sale, lease or construction of fixed assets.
- Any History or Relevant Information on Applicant and/or Property.

Please provide as much of this information as possible and add any additional information that will assist our staff review committee in evaluating your grant request.

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