

Application - City of Rocky Mount Downtown Building Assistance Program



The information listed below is required when you submit this application.
Incomplete applications will not be accepted. Do not mail original documents.

PROJECT ADDRESS:

Street Address, City, State, Zip

CHECKLIST OF REQUIRED ADDITIONAL DOCUMENTS

- Complete signed application
- Organizational documents
 - (Articles of Incorporation, LLC Operating Agreement, etc.)
- Owner Consent Form
 - Required only if Applicant Does Not Own Benefitted Property
- Photographs of existing building site
- Drawings/Renderings of proposed building improvements
- Copy of deed on property
- Copy of any property liens if applicable
- Itemized project budget
 - Please provide job estimates and/or contractor quotes of costs associated with project on contractor's letterhead
- Proof of insurance on subject property
- Proof of taxes paid and current
 - Need proof that both City and County taxes are paid and current
 - Can be obtained from
 - www.rockymountnc.gov
 - www.co.nash.nc.us
 - www.edgecombcountync.gov
- Certificate of Appropriateness or Approval from Historic Planner

Building plans for renovation or new construction must be submitted to the City of Rocky Mount Inspections Division. The standard permits and fees will be due upon formal acceptance into the program.

Submissions are to be made to:

Office of Downtown Development
City of Rocky Mount
331 S. Franklin Street, 5th Floor
Rocky Mount, NC 27804
Telephone (252) 972-1332
Fax (252) 972-1173
downtown@rockymountnc.gov

Section 1: Applicant Information

| | | |
|--|---|--------------------------------|
| A. Legal name of Applicant (Company Name or Individual's Name): | | |
| | | |
| B. Primary contact person for Applicant: | | |
| | | |
| C. Property Address (Street Name & Number, City, State, Zip Code): | | |
| | | |
| D. Mailing Address (if different, Street Name & Number or PO Box, City, State, Zip Code): | | |
| | | |
| E. Business Phone #: | F. Mobile Phone #: | G. Fax #: |
| | | |
| H. Email Address: | | |
| | | |
| I. Website of business (if applicable): | | |
| | | |
| J. Tax Identification Number: | | |
| | | |
| K. If Applicant is a business, please indicate the business type and attach supporting documents (e.g., articles of incorporation, proof of registration with NC Secretary of State, etc.); | | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Sole Proprietorship | |
| L. Are all of Applicant's local and state taxes current? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (if no, provide and attach explanation) | |

Section 2: List of Owners and Partners

A. Please provide the name, address, and years at the address for each applicant and/or company principal who owns more than 10% beneficial ownership (if the applicant is a company)

| Name | Address* | Years at Address | % Ownership of Business |
|------|----------|------------------|-------------------------|
| | | | |
| | | | |
| | | | |

**Each Applicant or company principal must provide a list of all of his/her prior addresses for the past five years, including street address, city, and state. Please attach additional pages as necessary.*

B. Are all personal, local and state taxes of each applicant/principal in the business current?

(This question must be answered for each Applicant and/or Principal in the business. If not current, please attach an explanation to this application)

- Yes**
- No**

Section 3: List of Officers, Directors, and Staff

Please list current officers and directors who work for your or serve your organization on this form (whether a corporation, LLC, non-profit, or other entity). If additional space is needed, please attach the additional information to this application.

If you are an individual applying for the grant (i.e. not a corporation or an LLC), please indicate that you are an individual and do not list officers or director.

| | | |
|--|-------------------------------------|------------------------------------|
| A. Are you an Individual Applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|-------------------------------------|------------------------------------|

| B. Please List Your Board of Directors (Corporation) or Members (LLC or other Limited Liability Entity) | |
|--|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |

List additional directors/members as necessary on attached sheets.

| C. Please list the officers of your organization as well as their titles (I.E. John Smith, President) | |
|--|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |

List additional officers as necessary on attached sheets.

Section 4: Property Information

| | | |
|---|-------------------------------------|--|
| A. Parcel number: | | |
| B. Amount of street frontage (feet): | | |
| C. Building length (feet): | | |
| D. Number of floors: | | |
| E. Do you own the building or are you a tenant? | <input type="checkbox"/> Own | <input type="checkbox"/> Tenant |
| F. Name of Property Owner | | |
| <i>If you are a tenant, you must obtain permission from the building's owner and also submit a completed Owner Consent Form (attached to this application).</i> | | |
| G. Has this property received a Downtown Building Assistance Program grant previously? | If Yes, what Year? _____ | <input type="checkbox"/> No |
| H. Are there any liens on this property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Note that all liens on the property must be extinguished before a DBAP grant will be awarded.</i> | | |
| I. Please describe current condition of building (please also attach photos): | | |
| | | |
| J. Please describe current use of building (attach additional sheets as necessary): | | |
| | | |
| K. Please describe any outstanding code violations on the property (attach relevant documentation): | | |
| | | |
| L. Does the property currently have a tenant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| M. If the above answer to Question 4.L was yes, please provide a list of all businesses operating at the project address: | | |
| <i>Business Name</i> | <i>Type of Business</i> | <i>Square Footage</i> |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Section 5: Project Categories

| | |
|---|--------------------------|
| A. Please Select the General Eligible Category(ies) of Work to be Performed during this Proposed Project: | |
| Brick or Wall Surface Cleaning | <input type="checkbox"/> |
| Patching and Painting of Façade Walls | <input type="checkbox"/> |
| Signage or Lighting Replacement/Repair | <input type="checkbox"/> |
| Canopy, Porch, Awning Installation/Repair | <input type="checkbox"/> |
| Window and/or Door Replacement/Repair | <input type="checkbox"/> |
| Mortar Joint Repair | <input type="checkbox"/> |
| Railings and Ironwork Repair or Addition | <input type="checkbox"/> |
| Cornice Repair and/or Replacement | <input type="checkbox"/> |
| Replacement/Repair to Exterior Steps | <input type="checkbox"/> |
| Roof Repair and Replacement | <input type="checkbox"/> |
| Interior Repairs and Improvements (including but not limited to Electrical, Plumbing, HVAC, Windows, Insulation, Ceilings, Flooring and Painting) | <input type="checkbox"/> |
| Purchase and Installation of Fixtures, Equipment, Furniture or Other Items Tied to Upfit of Space for Active Commercial Use | <input type="checkbox"/> |
| B. Please select the intended use of the property following completion of the proposed project: | |
| Make space available for commercial lease | <input type="checkbox"/> |
| Make space available for use by identified tenant | <input type="checkbox"/> |
| Use space for new business opened by property owner | <input type="checkbox"/> |
| Use space for existing business relocating to Downtown | <input type="checkbox"/> |
| Other (please describe): | <input type="checkbox"/> |
| C. If the space will be unoccupied when the project is complete, please describe plans for marketing the property to potential tenants: | |
| | |
| D. Please describe the types of businesses that can use the property once the proposed project is completed: | |
| | |
| E. Anticipated date business will open: | |
| <i>Please note that ALL projects must receive a Certificate of Appropriateness or approval from the Historic Planner before the project will be approved.</i> | |

Section 6: Project Overview

A. Please describe planned renovations as specifically as possible (attach additional sheets, including plans, diagrams, concept photos, etc.):

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| |
|--|

B. Please provide name(s) and contact information for the individual(s) and/or companies who will perform construction work (be prepared to provide copies of necessary licenses and identification if requested):

| |
|--|
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| | |
|---|--|
| C. Total project costs (consistent with project budget): | |
| D. Source of matching funds (verification required): <i>matching funds must be from a non-city source</i> | |
| E. Length of project (months): | |
| F. Anticipated completion date: | |
| G. Amount Requested from the City (Max of \$20,000) | |

Acknowledgement & Agreement

I acknowledge receipt, review and acceptance of all requirements of the Downtown Building Assistance Program, and certify the information I provided is true and correct according to my best knowledge and belief, and that it is unlawful to willfully withhold information or make false statements, and that I am subject to prosecution if I do so. I further acknowledge, agree, and affirm that:

1. I have read and understand the program guidelines for the City's Downtown Building Assistance Program, including the City of Rocky Mount's Administrative Policy concerning the Downtown Building Assistance Program, available at <http://www.downtownrockymount.com>. I agree to follow these policies if selected as a recipient of the Downtown Building Assistance Program grant.
2. Reimbursement or payment will only be made for materials and labor not performed by the owner. I understand reimbursements will not be made for labor completed by the owner or materials obtained by the owner. However, labor performed by the owner may be credited as match for the grant provided that the labor can be verified, the labor is applicable to the project approved for funding and the labor rate is reasonably in-line with market rates. I understand these expenses may potentially be considered as a match of the City's grant in the discretion of the City's staff. I understand that no expenses incurred more than three (3) months prior to submission of this Application will be considered for purposes of determining a match of the City's grant.
3. City staff may visit and inspect the property described in the Application prior to determining whether or not to approve this application. If this application is approved, I/we further agree to allow City staff to visit and inspect our property at any time while project work is being completed.
4. City staff may contact and request additional information, if necessary, to complete review and prepare recommendation to approve or deny this application.
5. If this application is approved, I will have to review and sign an award agreement outlining all specific requirements with respect to the scope of work, recipient responsibilities and compliance with applicable regulations.
6. The City will verify the record ownership of the Property as well as any liens, defects or title impairments, which the City determines, in its sole discretion, deems may negatively impact this Grant. If the City determines that the chain of title to the Property is defective, it will provide Applicant with notice of the defect as well as thirty (30) business days to cure the title defect. The City will be allowed ten (10) days after receiving notice from Applicant that the title defect is cured to verify that the title defect has been cured. If the title defect is not cured to the City's satisfaction, the City may void this Agreement.
7. The Grant will be subject to recapture on a pro-rata share, determined on a monthly basis until 36 months are complete. The Grant value will be reduced monthly for 36 months and any remaining pro-rata amount prior to 36 months will be subject to repayment. Recapture is triggered only if Applicant or Applicant's successor in interest fails to maintain a business presence that is substantially similar to the business described in the Application on the premises of the Property that is benefitted by the Grant.
8. If this application is approved, I will have to sign agreements releasing and indemnifying the City from any liability associated with this project. I understand that by signing this application, I waive any claim against the City of Rocky Mount ("the City") arising out of the use of said grant funds for the purposes set forth in the Application. I agree to hold the City harmless for any charges, damages, claims or liens arising out of the Applicant's participation in the Downtown Building Assistance Program.

9. The Downtown Building Assistance Program is a grant that is funded as a reimbursement grant. I acknowledge that the Downtown Building Assistance Program is a grant that can be funded one of two ways:
 - a. As a reimbursement grant, requiring me to accept full responsibility for all costs associated with scheduled project work. I further acknowledge that I will be reimbursed upon completion and approval of renovations by inspections.
 - b. As direct payment to contractor upon completion and approval of the work by the City. If direct payment to contractor is chosen, I further acknowledge the contractor will be required to register as a vendor with the City and complete any and all necessary steps and requirements of the City in order to receive payment. I further acknowledge that if this funding option is chosen that I will obtain and present certificates of property and general liability insurance for no less than \$1 million in coverage.
 - c. All work must be completed within six months of the award of the grant.
10. The City will not manage this project nor provide advice on engineering, construction, or vendor selection.
11. Any award will be for no more than 50% of submitted, itemized project costs up to \$20,000, and will be based on the lowest submitted bid, no matter which bid is awarded the contract(s).
12. I will have to submit a minimum of three (3) bids for any contracted work included as part of the proposed project. I acknowledge that the award will be based on the lowest submitted bid.
13. Final reimbursement will only be approved upon satisfactory completion of all project work, including proper debris removal, and approval of work completed by City inspection staff. I understand that if the work is not satisfactorily performed, I will be notified by City staff and allowed up to thirty (30) business days to correct the unsatisfactory items. I understand that failure to correct these items in a timely manner will result in loss of the Downtown Business Assistance Program grant.
14. The City of Rocky Mount may use illustrations, photographs, and/or other images of this project for reports, publications and advertisements, both print and electronic.
15. The City of Rocky Mount does not require, but reserves the right to conduct investigative background checks on applicants, including but not limited to the areas of credit history, criminal history, and other relevant information.
16. I may appeal denial of this application to the Central City Revitalization Panel within seven (7) business days of the application's denial. I understand that in making this appeal, I must also provide written notice of the appeal to the Downtown Development Manager with a specific statement providing the basis of appeal. I understand that the CCRP will hear the appeal at the next regularly scheduled meeting after receipt of a timely filed appeal and that the CCRP will render a decision on the appeal within seven (7) business days of that meeting.

By signing below, the Signatory acknowledges that he/she is duly authorized to act on behalf of the Applicant and that the Applicant is properly organized and licensed to conduct business in the state of North Carolina.

Applicant Signature: _____ Date: _____

Applicant's Printed Name: _____

Title: _____

OWNER CONSENT FORM

The undersigned owner of the existing building located at:

_____ (Address)

certifies that _____ (Applicant) operates or intends to operate a business at the above location. The undersigned agrees to permit the Applicant and his contractors or agents to implement the improvements listed on the Downtown Building Assistance Program Application ("the Application") dated _____.

The undersigned hereby waives any claim against the City of Rocky Mount ("the City") arising out of the use of said grant funds for the purposes set forth in the Application. The undersigned agrees to hold the City harmless for any charges, damages, claims or liens arising out of the Applicant's participation in the Downtown Building Assistance Program.

In witness whereof, the owner has hereunto set his hand and seal, or if a corporation, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, if a Partnership by its Partners, if a LLC or LLP, by its Members/Managers, etc. the day and year first above written.

_____ (Corporate Seal)

(Company Name)
Leave blank if Owner is an Individual

By : _____ (Seal)

By: _____ (Seal)

_____ (Printed Name)

_____ (Printed Name)

_____ (Title)

_____ (Title)

CORPORATION/LLC ACKNOLWEDGEMENT

NORTH CAROLINA, County of _____

I, _____, a Notary Public, do hereby certify that

_____ as _____ of _____
(Name of Applicant Signatory) (Title) (Company Name)

personally appeared before me this day and acknowledged the due execution of the foregoing instrument

on behalf of _____.
(Company Name)

WITNESS my hand and official seal or stamp, this _____ day of _____, 20_____.

Notary Public

(SEAL)

My commission expires _____