



## Application - City of Rocky Mount Residential Production Grant Program

The information listed below is required when you submit this application.

### PROJECT ADDRESS:

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### CHECKLIST OF REQUIRED ADDITIONAL DOCUMENTS

- Complete signed application
- Organizational documents
  - o (Articles of Incorporation, LLC Operating Agreement, etc.)
- Owner Consent Form
  - o 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
  - o 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
  - o Need proof that both City and County taxes are paid and current
  - o Can be obtained from
    - [www.rockymountnc.gov](http://www.rockymountnc.gov)
    - [www.co.nash.nc.us](http://www.co.nash.nc.us)
    - [www.edgecombcountync.gov](http://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:**  
Downtown & Business Development  
City of Rocky Mount  
331 S. Franklin Street  
Rocky Mount, NC 27804  
Telephone (252) 972-1101  
[kevin.harris@rockymountnc.gov](mailto:kevin.harris@rockymountnc.gov)

**Section 1: Applicant Information**

|   |  |                                |
|---|--|--------------------------------|
| <b>A. Legal name of Applicant (Company Name or Individual's Name):</b>  |  |                                |
|   |  |                                |
| <b>B. Primary contact person for Applicant:</b>   |  |                                |
|   |  |                                |
| <b>C. Property Address (Street Name &amp; Number, City, State, Zip Code):</b>   |  |                                |
|   |  |                                |
| <b>D. Mailing Address (if different. Street Name &amp; Number or PO Box, City, State, Zip Code):</b>  |  |                                |
|   |  |                                |
| <b>E. Business Phone#:</b>  | <b>F. Mobile Phone #:</b>                    | <b>G. Fax#:</b>                |
|   |  |                                |
| <b>H. Email Address:</b>  |  |                                |
|   |  |                                |
| <b>I. Website of business (if applicable):</b>  |  |                                |
|   |  |                                |
| <b>J. Tax Identification Number:</b>  |  |                                |
|   |  |                                |
| <b>K. If Applicant is a business, please indicate the business type and attach supporting documents (i.e. articles of incorporation, proof of registration with NC Secretary of State etc.)</b> |  |                                |
| <input type="checkbox"/> Corporation  | <input type="checkbox"/> Partnership         | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC  | <input type="checkbox"/> Sole Proprietorship |                                |
| <b>L. Are all of Applicant's local and state taxes current?</b>   |  |                                |
| <input type="checkbox"/> Yes  | 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 | % Ownership |
|------|---------|-------|-------------|
|      |         |       |             |
|      |         |       |             |
|      |         |       |             |

**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 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?**       Yes       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. |

**Section 4: Property Information**

|   |                                |                                 |
|---|--------------------------------|---------------------------------|
| <b>Building Square Footage</b>  |                                |                                 |
| <b>Number of Floors</b>   |                                |                                 |
| <b>Number of Rooms</b>  |                                |                                 |
| <b>Do you own the building?</b>   | <input type="checkbox"/> Own   | <input type="checkbox"/> Tenant |
| <b>Name of Property Owner</b>   |                                |                                 |
| <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> |                                |                                 |
| <b>Are there any property liens?</b>  | <b>If Yes, what Year?</b>      | <b>Amount?</b>                  |
| <b>Please describe current condition of building (please also attach photos):</b>   |                                |                                 |
|   |                                |                                 |
| <b>Please describe current use of building {attach additional sheets as necessary):</b>   |                                |                                 |
|   |                                |                                 |
| <b>Does the property currently have a tenant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                |                                 |
| <b>If yes, please provide a list of all businesses operating at the project address:</b>  |                                |                                 |
| <b><i>Business Name</i></b>   | <b><i>Type of Business</i></b> | <b><i>Square Footage</i></b>    |
| 1.  |                                |                                 |
| 2.  |                                |                                 |
| 3.  |                                |                                 |
| 4.  |                                |                                 |
| 5.  |                                |                                 |

**Section 5: The Project**

**Please describe planned renovations and proposed use as specifically as possible (attach additional sheets, including plans, diagrams, concept photos, etc.)**

|  |  |
|--|--|
| <b>Renovate space for residential living</b>                           |  |
| Number of residential apartments?                                      |  |
| Square footage of each apartment unit?                                 |  |
| # 1Bedrooms  |  |
| # 2Bedrooms  |  |
| # 3Bedrooms  |  |
| Apartments will be furnished?  |  |
| Appliances Included?   |  |
|  |  |
| <b>Mixed-Use Property</b>  |  |
| Property will include retail/commercial/Office space/Restaurant        |  |
| Square footage   |  |
|  |  |
| <b>Construction</b>  |  |
| Total Construction Cost?   |  |
| Construction cost for residential units?                               |  |
|  |  |
| <b>Include Detailed Construction Budget including Sources and Uses</b> |  |
|  |  |
| <b>Include Operating Budget (Projected rental income and expenses)</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):

|   |  |
|---|--|
| Total project costs (consistent with project budget): |  |
| Total cost of residential units                       |  |
| Source of project funding (verification required):    |  |
| Length of project (months):                           |  |
| Anticipated completion date:                          |  |
| Amount Requested from the City (Max of \$150,000)     |  |

### **Acknowledgement & Agreement**

I acknowledge receipt, review and acceptance of all requirements of the Residential Production Grant 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 Residential Production Grant Program, including the City of Rocky Mount's Administrative Policy concerning the Residential Production Grant Program, available at <http://www.downtownrockymount.com>. I agree to follow these policies if selected as a recipient of the Residential Production 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 six (6) 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. 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 Residential Production Grant Program.
8. The Residential Production Program is a grant that is funded as a reimbursement grant. I acknowledge that the Residential Production Grant 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 twelve (12) months of the award of the grant.
- 9. The City will not manage this project nor provide advice on engineering, construction, or vendor selection.
- 10. Any award will be for no more than \$7,500 per residential unit created not to exceed submitted, itemized project costs, and an aggregate of \$150,000.
- 11. I will have to submit a minimum of two (2) bids for any contracted work included as part of the proposed project.
- 12. 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 Residential Production Program grant.
- 13. 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.
- 14. 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.
- 15. Persons applying for the Downtown Residential Production Grant will have ten (10) business days to request a reconsideration of a denial decision made by the City Manager or his or her designee. Notice of the request must be submitted in writing to the Downtown Development Manager with specific reasons as to why the grant should be approved. Upon review the City Manager shall render a final decision within ten (10) business days.

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 Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



**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 Residential Production Grant 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 Residential Production Grant 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 an LLC or LLP, by its Members/Managers, etc. the day and year first above written.

Company:

\_\_\_\_\_  
Leave blank if Owner is an individual

By(*signature*) \_\_\_\_\_

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

Title: \_\_\_\_\_

**CORPORATION/LLC ACKNOWLEDGEMENT**

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 \_\_\_\_\_