

Application - City of Rocky Mount Residential Production Grant Program

The info	rmation listed below is required when you submit this application.		
DDO IE			
PROJEC	CT ADDRESS:		
	CHECKLIST OF REQUIRED ADDITIONAL DOCUMENTS		
	Complete signed application		
	Organizational documents		
	o (Articles of Incorporation, LLC Operating Agreement, etc.)		
	4 · · · · · · · · · · · · · · · · · · ·		
	o Required only if Applicant Does Not Own Benefitted Property		
	Photographs of existing building site		
П	Drawings/Renderings of proposed building improvements Copy of deed on property		
	The state of the s		
	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		
	 Need proof that both City and County taxes are paid and current 		
	o Can be obtained from		
	 www.rockymountnc.gov 		
	www.co.nash.nc.us		

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.

www.edgecombecountync.gov

□ Certificate of Appropriateness or Approval from Historic Planner

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

Section 1: Applicant Information

A. Legal name of Applicant (Company Name or Individual's Name):		
B. Primary contact perso	on for Applicant:	
B. Filmary contact perso	on to Appround	
C. Property Address (Stre	et Name & Number, City, S	tate, Zip Code):
14		
D Mailing Address (if diff	erent Street Name & Numb	er or PO Box, City, State, Zip Code):
D. Maning Address (ii dili		
		=
E. Business Phone#:	F. Mobile Phone #:	G. Fax#:
II Forell Address.		
H. Email Address:		
I. Website of business (if	applicable):	
J. Tax Identification Num	iber:	
K. If Applicant is a busine documents (i.e. articles of etc.).	ess, picase indicate the bu of incorporation, proof of r	siness type and attach supporting registration with NC Secretary of State
☐ Corporation	□ Partnership	□ Other
_ LLC	□ Sole Proprietorship	
L. Are all of Applicant's I	ocal and state taxes curre	nt?
□ Yes	No (if no, provide and atta	ach explanation)

Section 2: List of Owners and Partners

		s at the address for each a peneficial ownership (if the		
				%
Name		Address	years	Ownership
				<u> </u>
(This question must be answ	vered for each Applicant and/o	h applicant/principal in the		
explanation lo this application	on)			
□ Yes				
⊓ No				
information to this applic If you are an individual a are an individual and do A. Are you an Individual	pplying for the grant (i.e. r not list officers or director.	not a corporation or an LLC),		ate that you
711710 you ammariada	Topilount. O 165	Olle		
B. Please List Your Boar	rd of Directors (Corporation) or Members (LLC or other Li	mited Liabili	ty Entity)
1.		2.		
3 .		4		
5.,		6.		
7,.		8.		
.ist additional directors/mer	nbers as necessary on attach	ned sheets.		
C. Please list the officers	of your organization as we	ell as their titles (I.E. John Smi	th. Presiden	t)
L	,	2.	,	•
3.		4.		
5.		6.		
7		8		

Section 4: Property Information

Building Square Footage		
Building Square Footage		
Number of Floors		
Number of Rooms		
Number of Rooms		
Do you own the building?	□ Own	□ Tenant
Name of Property Owner		•
If you are a tenant, you must obtain	in permission from the building's ov	wner and also submit a completed
Owner C	Consent Form (attached to this appl	lication).
Are there any property liens?	If Yes, what Year?	Amount?
Please describe current condit	ion of building (please also at	tach photos):
Please describe current use of b	uilding {attach additional shee	ts as necessary):
Does the property currently have	a tenant? Yes	□ No
If yes, please provide a list of all	businesses operating at the	project address:
Business Name	Type of Business	Square Footage
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.)	
×	
Renovate space for residential living	
Number of residential apartments?	
Square footage of each apartment unit?	
# 1Bedrooms	
# 2Bedrooms	
# 3Bedrooms	
Apartments will be furnished?	
Appliances Included?	
Maline J. Hav. Dov. 1. 4	
Mixed-Use Property	
Property will include retail/commercial/Office space/Restaurant	
Square footage	
Construction	
Total Construction Cost?	_
Construction cost for residential units?	
Tomas and the resident diffice:	
Include Detailed Construction Budget including Sources and Uses	
Include Operating Budget (Projected rental income and expenses)	

Please provide name(s) and contact Information for the individual construction work (be prepared to provide copies of necessary life requested):	
Total project costs (consistent with project budget):	
, stat project decis (consistent with project suages).	
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.
- 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.
- 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. ff 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, t 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. t agree to hold the City harmless for any charges, 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

	(Address
certifies that	(Applicant) operates or intends to operate a busines rmit the Applicant and his contractors or agents to implement
improvements listed on the Residential Production Graduted	
funds for the purposes set forth in the Application. T	e City of Rocky Mount ("the City") arising out of the use of said gr The undersigned agrees to hold the City harmless for any charg participation in the Residential Production Grant Program.
signed in its corporate name by its duly authorized of	nand and seal, or if a corporation, has caused this instrument to fficers and its seal to be hereunto affixed by authority of its Board or LLP, by its Members/Managers, etc. the day and year first ab
Company:	
Leave blank if Owner is an Individual	
By(signature)	
Print Name:	
itle:	
CORPORATION/LLC ACKNOLWEDGEMENT	
NORTH CAROLINA, County of	
1	, a Notary Public, do hereby certifythat
as	of (Title) (Company Name)
Name of Applicant Signatory) ersonally appeared before me this day and acknowledges	(Title) (Company Name) owledged the due execution of the foregoing instrument
n behalf of	ownedged the due excedition of the folegoing manuficht
(Company Name)	
/ITNESS my hand and official seal or stamp, this	day of 20
otary Public	(SEAL)