

## **Downtown Residential Production Grant Application**

PROJECT ADDRESS:				
CHECKLIST OF REQUIRED ACCOMPANYING DOCUMENTATION:				
	Complete and signed application Organizational documents (Articles of Inc. And W-9) Owner Consent Form (If applicable) Current photo of the building including areas to be improved (include historic photo if available) Drawings/Renderings of improvements Itemized estimate of work to be completed and project budget 2 contractor quotes/bids Copy of current building insurance Copy of building deed Copy of paid city and county taxes Project proposal with detailed construction budget and operating budget			
	SUBMISSIONS ARE TO BE MADE TO:			
	Downtown Development			
	City of Rocky Mount			
	132 SW Main Street			
	Rocky mount NC 27804			
	Telephone (252) 972- 1641			
	*Incomplete applications will not be accepted. Do not mail original documents. *			

\*Email submissions are accepted. Please call the office for further information.  $^*$ 



APPLICANT INFORMATION				
Name:				
Mailing Address:				
City:	_ State:	ZIP Code:	Phone:	
Email:				
Relation to the building				
☐ Owner☐ Tenant☐ Other:				
BUSINESS INFORMATION (	IF APPLICAI	BLE)		
Business Name:			Industry:	
Website:			Telephone:	
Tax ID Number:		Bu	siness Email:	
Business Grand Opening or	Projected (	Grand Opening d	ate:	
Business Type:				
<ul><li>□ Corporation</li><li>□ Partnership</li><li>□ LLC</li><li>□ Sole Proprietorship</li><li>□ Other</li><li>□ Non-Profit</li></ul>				
Business Relevance:				
<ul> <li>☐ Business/Organization owns the building</li> <li>☐ Existing Business located in the building as a tenant</li> <li>☐ Future Tenant with a signed lease</li> </ul>				



## List of Owners and Partners: (IF APPLICABLE)

Name	Title		% Ownership of Business	
PROPERTY INFORMATION				
Parcel Number:		Coun	ty:	
Property Owner (if different from	applicant):			
Owner's Phone:		Owner Email:		
		Total Square Footage:		
Are there any outstanding liens, ju				
Is there a current business operati	ng:	Are you working wit	th a potential tenant:	
Describe the current building condition:				
Describe the current use of the building:				

**PROJECT DETAILS** 



Project Description:					
<b>Project Costs:</b>					
Total Project Cost			\$		
Construction	cost for residential only		\$		
Requested grant amount (\$150,000 max)		nax)	\$		
Project Timeli	ne:				
Estimated Sta	rt Date:	Estimated (	ompletion	Date:	
LStilliated Sta	Tt Date	LStilliated C	ompletion	Date	
Total number	of residential apartment	s to be created	d? ?k	_	
		# to be com	pleted	Square footage	
	1 Bedroom				
	2 Bedroom				
	3 Bedroom				
VACIDATE TO THE STATE OF THE ST	Missal Haa Duanants 2				
Will this be a	Mixed–Use Property?				
How many co	mmercial units?				
Payment Opti	ion: 1) Payment m	nade to Applic	ant	2) Payment made to	Contractor
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\*Payee must provide W-9 form\*

## **APPLICANT ACKNOWLEDGEMENTS**

I have reviewed and understand the Residential Production Grant guidelines.

I acknowledge that the grant must be used solely for the project described in this application.



I understand that failure to adhere to the approved application may result in reduced or withheld funding.

I will submit copies of paid invoices showing a zero balance and/or canceled checks, along with "after" photos of the completed project, to the Downtown Rocky Mount office.

I understand that grant payment is contingent upon the successful completion of the project as outlined and the submission of proof of expenditures.

I acknowledge that the City of Rocky Mount encourages the use of licensed contractors for all proposed work and mandates their use for work requiring permits.

I understand that reimbursement 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.

I understand that City staff may inspect the property described in the application prior to approval to determine whether or not to approve the application. Furthermore, I understand that City staff may visit and inspect the property during the process of the project completion.

Leins, defects or title impairments may negatively affect the approval process of the grant program.

I acknowledge that this is a reimbursement and that I must incur all costs associated with the project prior to reimbursement approval.

Final reimbursement will be contingent on satisfactory completion of all project work including proper debris removal and approval of work completed by City staff, passed inspections, and paid contractor invoices reflecting a zero balance.

The City may use illustrations, photographs and/or other images in relation to this project for reports, publications, and advertisements in any capacity it sees fit.

The City 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.

Applicant Name:	Date:
Applicant Signature:	

I understand that no work shall begin prior to application or prior to notification of acceptance, acceptance with conditions, or rejection. Doing so will disqualify me from this grant opportunity.