

Downtown Roof Replacement & Repair Grant Program Application

PROJECT ADDRESS: _____

OPERATING BUSINESS NAME: _____

CHECKLIST OF REQUIRED ACCOMPANYING DOCUMENTATION:

- Complete and signed application
- Organizational documents (Articles of Inc. And W-9)
- Owner Consent Form (If applicable)
- Current before photo of the roof (include historic building photos if available)
- Itemized estimate of work to be completed and project budget
- 2 contractor quotes
- Copy of current building insurance
- Copy of building deed
- Copy of paid city and county taxes

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 APPLICABLE)

Business Name: _____ Industry: _____

Website: _____ Telephone: _____

Tax ID Number: _____ Business Email: _____

Business Grand Opening or Projected Grand Opening date: _____

Business Type:

- Corporation
- Partnership
- LLC
- Sole Proprietorship
- Other
- Non-Profit

Business Relevance:

- Business/Organization owns the building
- Existing Business located in the building as a tenant
- Future Tenant with a signed lease

List of Owners and Partners: (IF APPLICABLE)

Name	Title	% Ownership of Business

PROPERTY INFORMATION

Parcel Number: _____ County: _____

Property Owner (if different from applicant): _____

Owner's Phone: _____ Owner Email: _____

Number of Floors: _____ Total Square Footage: _____

Are there any outstanding liens, judgements or code violations on the building? _____

Is there a current business operating: _____ Are you working with a potential tenant: _____

Describe the current building condition:

Describe the current use of the building:

PROJECT DETAILS

Project Description:

Project Costs:

Project Costs:

Total Project Cost	\$
Requested grant amount (\$20,000 max)	\$

Project Timeline:

Estimated Start Date: _____ Estimated Completion Date: _____

Payment Option: ____ 1) Payment made to Applicant ____ 2) Payment made to Contractor

Payee must provide W-9 form

APPLICANT ACKNOWLEDGEMENTS

I have reviewed and understand the Downtown Roof Repair and Replacement Program 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 Signature: _____ 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.