**Greenville County**

**Façade Improvement Program**

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| **Applicant Information** | | | | | | | |
| **Applicant Name:** | Click here to enter text. | **SSC#** | Click here to enter text. | | **Date:** | Click here to enter a date. | |
|  | | | | | | | |
| **Home Address:** | Click here to enter text. | | | | **Email:** | | Click here to enter text. |
|  | | | | | | | |
| **Home Phone:** | Click here to enter text. | **Cell:** | | Click here to enter text. | | | |
| **Property Owner:** | Yes  No | **Business Owner:** | | Yes  No | **Owner Type:** | Choose an item. | |

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| **Business Information** | | | | | | | |
| **Name:** | Click here to enter text. | **Type:** | | Click here to enter text. | | **TaxID#** | Click here to enter text. | |
|  | | | | | | | | |
| **Address:** | Click here to enter text. | **New or Existing:** | | | Click here to enter text. | **DUNS#** | Click here to enter text. | |
|  | | | | | | | | |
| **Mailing Address (if different from above)** | | Click here to enter text. | | | | | |
| **Business Email:** | | | Click here to enter text. | | | | | |

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| **Project Information** | | | |
| **Amount Requested:** | Click here to enter text. | **Total Project Cost:** | Click here to enter text. |
|  | | | |
| **Contractor Name:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Contractor Email:** | Click here to enter text. | |  |
| **Reason for Selection of Contractor:** | | | |
| Click here to enter text. | | | |

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| **Scope of Work** |
| **Brief Project Description:** |
| Click here to enter text. |

*Project Scope*:

|  |  |
| --- | --- |
| Exterior signs | Façade improvements |
| Awnings, canopies, sunshades etc. | Outdoor lighting |
| Painting or exterior surface treatment | Fencing |
| Asphalt paving | Windows |
| Architectural features | Entranceway improvements |
| Restoration of historic features | Storefront modification |

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| **Reimbursement will be applied to what aspect(s) of project scope of work?** | Click here to enter text. |

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| --- | --- | --- | --- | --- | --- |
|  | Scope of work  Line item detail | Estimated cost | Source 1: GCRA FIP Grant | Source 2: Click here to enter text. | Source 3: Click here to enter text. |
| 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 6 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Total | Click here to enter text. | $5,000.00 | Click here to enter text. | Click here to enter text. |

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| **Landlord Information** | | | |
| **Full Name:** | Click here to enter text. | **Mailing Address:** | Click here to enter text. |
|  | | | |
| **Phone:** | Click here to enter text. | **Cell:** | Click here to enter text. |
|  | | | |
| **Email:** | Click here to enter text. |  | |

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| **Anticipated Economic Impact** | |
| **Estimated Additional Sales Volume-Percent Increase?** *(If applicable)* | Click here to enter text. |
| **Estimated Annual Value ($) of Sales Volume Increase?** *(If applicable)* | Click here to enter text. |
| **Total No. Full or Part-time Jobs Created:** | Click here to enter text. |
| **Annual Value of Wages for All Jobs Created:** | Click here to enter text. |
| **Total No. Full or Part-time Jobs Retained:** | Click here to enter text. |
| **Annual Value ($) of Wages for All Jobs Retained:** | Click here to enter text. |
|  | |

Indicate number of jobs to be created or retained within three months, if approved:

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| --- | --- | --- | --- | --- | --- |
|  | **# Full-time** | **# Full-time Low/Mod** | **# Part-time** | **# Part-time Low/Mod** | **Total** |
| **Create** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Retain** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Indicate Race/Ethnicity

|  |  |
| --- | --- |
| **Race** | **Total** |
| White | Click here to enter text. |
| Black | Click here to enter text. |
| Multi-racial | Click here to enter text. |
| Hispanic | Click here to enter text. |
| Other | Click here to enter text. |

Race/Ethnicity: To be determined

Type of Low-Moderate Income Jobs Created/Retained:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Category | Low/Mod Created | Low/Mod Retained | Non-Low/Mod Created | Non-Low/Mod Retained |
| Officials & Managers | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Professional | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Technicians | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Sales | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Office & Clerical | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Craft Workers | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Operatives (Semi-skilled) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Laborers (Unskilled) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Service Workers | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| Of Jobs Created, Number of Jobs with Employer Sponsored Health Care Benefits | | Click here to enter text. |
| Of Jobs Retained, Number of Jobs with Employer Sponsored Health Care Benefits | | Click here to enter text. |
| Of Jobs Created, Number of Persons Unemployed Prior to Taking Jobs Created Under this Activity | | Click here to enter text. |
| **Landlord Acknowledgement** | | | |
| I am the landlord of the building address noted in this project application and my address and phone number is noted correctly in this document. I have been informed of the Applicant's intention to perform the improvements described in this application, and I hereby authorize the tenant to apply for the proposed improvements. | | | |
|  | **Signature:** | | |
|  | | | |
|  | **Date**: Click here to enter a date. | | |

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| **Certification** | |
| The undersigned agrees that by signing and submitting this application that he, she or they will be bound by the terms and conditions contained in the Greenville County Façade Improvement Program Guidelines available at County Square, 301 University Ridge, Suite 2500, Greenville, SC 29601 or on the GCRA website at www.gcra-sc.org. | |
|  | **Signature:** |
|  | |
|  | **Date**:Click here to enter a date. |
|  |  |
|  | **Name of Corporation,** (if applicable) |

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| **Photo Release Statement** | |
| The undersigned grants the GCRA and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs and/or images of the applicant(s) and the subject business taken by GCRA and its legal representatives and assigns or accessed from internet sources for editorial trade, advertising, and any other purpose and in any manner and medium; and to alter the same without restriction. I hereby release the GCRA and its legal representatives and assigns from all claims and liability relating to said photographs and/or images. | |
|  |  |
|  | **Signature:** |
|  |  |
|  | **Date:**Click here to enter a date. |

**Application Checklist:**

Verification of Property Ownership, if owner (Title or Deed of Trust)

Copy of valid business license

Three third party quotes from qualified suppliers for specific aspects of the project that will be completed with loan

Two electronic color photos showing the existing building (front & all side elevations), email to [admin@gcra-sc.org](mailto:admin@gcra-sc.org)

Detailed sketches or drawings of the proposed improvements or other appropriate design information

Proof of liability insurance.

Completed W9 Form.

Bank letter of commitments/other documentation of private funds, if funding source is other than the applicant's readily available funds.

Operating agreement or letter signed by all board members authorizing the applicant to sign legal documents on behalf of the organization, if an LLC or corporation.

Executed lease agreement for a minimum of 1 year or letter of intent from a potential tenant, if building is vacant.

Executed lease agreement for a minimum of 1 year between tenant and property owner.

Completed Employment Income Verification (EIV) forms for each employee to be retained/created.



**301 University Ridge, suite 2500**

**Greenville, SC 29601**

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**Fax: 864-232-9946**

**Website:** [**www.gcra-sc.org**](http://www.gcra-sc.org)