

Greenville County Façade Improvement Program



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.

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.

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.

Scope of Work

Brief Project Description:

Click here to enter text.

Project Scope:

- | | |
|---|---|
| <input type="checkbox"/> Exterior signs | <input type="checkbox"/> Façade improvements |
| <input type="checkbox"/> Awnings, canopies, sunshades etc. | <input type="checkbox"/> Outdoor lighting |
| <input type="checkbox"/> Painting or exterior surface treatment | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Asphalt paving | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Architectural features | <input type="checkbox"/> Entranceway improvements |
| <input type="checkbox"/> Restoration of historic features | <input type="checkbox"/> Storefront modification |

Reimbursement will be applied to what aspect(s) of project scope of work?

Click here to enter text.

	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.

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.

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:

	# Full-time	# Full-time Low/Mod	# Part-time	# Part-time Low/Mod	Total
Create	Click here to enter text.				
Retain	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	<u>Low/Mod Created</u>	<u>Low/Mod Retained</u>	<u>Non-Low/Mod Created</u>	<u>Non-Low/Mod Retained</u>
Officials & Managers	Click here to enter text.			
Professional	Click here to enter text.			
Technicians	Click here to enter text.			
Sales	Click here to enter text.			
Office & Clerical	Click here to enter text.			
Craft Workers	Click here to enter text.			
Operatives (Semi-skilled)	Click here to enter text.			
Laborers (Unskilled)	Click here to enter text.			
Service Workers	Click here to enter text.			

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.](#)

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)

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
- 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.



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