

# APPLICATION FACADE IMPROVEMENT GRANT



## BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Years in Business in York County: \_\_\_\_\_ Total Years in Business (York or Elsewhere): \_\_\_\_\_

Current Annual Revenue: \_\_\_\_\_ Projected Annual Revenue in 2 Years: \_\_\_\_\_

Current Number of Employees: \_\_\_\_\_ Projected Number of Employees in 2 Years: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PROPOSED USE OF GRANT FUNDS *Attach additional sheets if necessary*

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## PROJECT COST *Provide additional contractor information on separate sheet if more than one contractor will be performing work in association with this application*

Total Estimated Cost: \$ \_\_\_\_\_ Grant Funds Requested: \$ \_\_\_\_\_  
*(50% of total estimated costs up to \$15,000)*

## CONTRACTOR INFORMATION

Contractor Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



## PLEASE ATTACH

1. Copy of current York County business license (or ownership documentation, if applicant is the property owner, but not the business owner)
2. Signed IRS Form W-9
3. Photographs clearly showing existing conditions to be improved upon
4. Design plan for applicable improvement(s)
5. Exact samples of any paint or colors to be used (if applicable)
6. Owner consent form (required if you are a tenant)
7. Two (2) individual quotes for each project

## CONFIRMATION OF UNDERSTANDING

I understand that grant funds will be awarded on a first-come, first-served basis and that applications may be evaluated based on the following criteria, at the discretion of the Evaluation Committee:

- Proposed use of the grant funds, the magnitude of improvements, and their impact on the revitalization of the corridor
- Amount of private investment being proposed
- Length of time business has been operating in York County

I (Applicant) hereby confirm that \_\_\_\_\_ is currently a licensed business and/or commercial property owner located in York County. I confirm that any requested funds will be used for projects that meet the grant program criteria. I also understand that grants will only be awarded for work, items, and/or projects performed or received after approval of the application. *This license must remain paid and active until one year after the date grant funds are received. If you close and/or relocate your business out of York County within one year of receiving grant funds, you must repay 50% of the total grant awarded. Your business must be located in a commercially-zoned (EO, GB, or LB) area. Properties located in industrial parks are not eligible for grant funding.*

I also understand that grants will only be awarded for work performed after approval of this application and that all work must begin within six (6) months of approval and be completed within one (1) year of approval.

I agree to provide before and after photos for any applicable project, for use by the York County Department of Economic & Tourism Development.

I understand that funds will be awarded only upon satisfactory completion of the project(s), in accordance with the approved application. I understand I must submit copies of all paid invoices/receipts in order to receive grant funds.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



**FACADE IMPROVEMENT GRANT**  
**OWNER'S CONSENT FORM**  
**(To be completed if applicant is tenant)**

I, \_\_\_\_\_, certify that I own the property located at \_\_\_\_\_ in York County, Virginia, and that I have reviewed the application for the York County Facade Improvement Grant Program submitted by \_\_\_\_\_ and that I fully support this application. I further certify that this person or business holds a valid lease of \_\_\_\_\_ years with an expiration date of \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

