

Application #: _____
HPC Recommendation: _____
HPC Chair Signature: _____
City Manager's Decision: _____
City Manager's Signature: _____

Facade Improvement Grant Program

Application for Consideration for Grant Funding

Please complete the following information, attach design plans or sketches, and return to City of Greenville, Planning Division, Community Development Department, P.O. Box 7207, Greenville, NC 27835.

All selected proposals must meet City Code requirements and the Facade Improvement Design Guidelines (the Secretary of the Interior's Standards for Rehabilitation of Historic Buildings and the Construction Methods and Materials of the Department of Planning and Community Development). Technical advice is available from the State Historic Preservation Office, Eastern Office of the North Carolina Division of Archives and History. The office is located in the historic Robert Lee Humber House, 117 W. 5th St., Greenville, North Carolina. Please call (252) 830-6580 in advance for an appointment.

The staff of the Community Development Department will review applications for the selection of grant recipients. The City of Greenville will notify applicant of approval or denial of the application by mid-June. If the application is approved, an agreement between the applicant and the City must be signed BEFORE any work begins.

Grant will be disbursed after completion of work, submittal of cost documentation and inspection of the facade.

General Information

1. Applicant's Name _____
Applicant's Address _____

Street Address of property _____

2. Applicant must be property owner or tenant. If application is not by property owner, the owner must give consent and sign application.

Is this application:

_____by property owner; _____by business owner; _____other?

3. Property Owner Name _____

Property Owner Address _____

Property Owner Phone # _____

4. Business Owner Name _____

Business Owner Address _____

Business Owner Phone # _____

5. Business Name _____

Business Mailing Address _____

Business Phone # _____

6. Type of Tenancy:

_____Own _____Rent _____Lease _____Other (If so, explain.) _____

7. Length of time at this location _____

Length of lease term remaining (if applicable)_____

Building Characteristics

8. Exterior wall construction:

_____Masonry _____Frame _____Other (If so, explain.) _____

9. Number of stories _____. What are the functions of the stories above street level?

10. Occupancy of street level floor:

____ Fully Occupied ____ Partially Occupied ____ Vacant

11. Present use of street level floor:

____ Retail Only ____ Storage Only ____ Mixed ____ Office

____ Other (if so, explain) _____

12. What type of exterior improvements are to be made? Please describe in detail. (Attach additional sheets or additional drawings if necessary).

Please make a check mark next to the improvements you will be making and give us the estimated cost of each one. Attach copies of two professional cost estimates.

1.	Painting exterior	_____ \$ _____
2.	Cleaning exterior	_____ \$ _____
3.	Redesign or restructure of exterior	_____ \$ _____
4.	Signage	_____ \$ _____
5.	Window repair/replacement	_____ \$ _____
6.	Remove and/or install awning	_____ \$ _____
7.	Other (explain below)	_____ \$ _____

13. Total estimated cost of your improvements \$ _____.

14. Did you or your authorized agent attend a Pre-Grant Workshop?

Yes No (Please circle one.)

I acknowledge that the City of Greenville is obligated only to administer the grant procedures and is not liable to the applicant, owner or third parties for any obligations or claims of any nature growing out, or arising out of, the project or application undertaken by the applicant and/or owner. There is no principal/agent or employer/employee relationship between the City of Greenville and the applicant and/or owner.

I acknowledge that this application must be accepted and all prerequisite rules and regulations must be complied with before any rights insure to the applicant/owner.

I have attached project plans and specifications or other appropriate design documentation.

I understand that the incentive grant must be used only for the project described in this application.

Signatures

Applicant

Date

Owner (if different from above)

Date

THE VENDOR WILL NOT BE SETUP UNLESS ALL INFORMATION REQUESTED ON THIS FORM IS COMPLETED.



NEW VENDOR REQUEST

CITY OF GREENVILLE, NC
FINANCIAL SERVICES/PURCHASING
P.O. BOX 7207
200 W. Fifth Street
GREENVILLE, NC 27835
Telephone: 252-329-4439

Please Type or Print Legibly (IF THIS IS A PROCUREMENT CARD VENDOR-DO NOT REQUEST NEW VENDOR NUMBER IF THEY WILL BE USED LESS THAN 3 TIMES)

Federal ID#	SS#	Vendor#
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Vendor Name	Date
-------------	------

REMIT ADDRESS	
STREET	
STREET	
CITY	
STATE	ZIP CODE *****The City of Greenville is NOT TAX EXEMPT *****

CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
YEAR ESTABLISHED	TERMS	DISCOUNT
W-9 Received _____		
Receipt of W-9 Required		

Please check if this Vendor is providing a service to the City. ☐
If checked, please indicate what type of service?

Signature of Dept/Division requesting vendor to be added: _____

Please complete the following ownership status information: See Page 3 for more information

- | | |
|---|--|
| <input type="checkbox"/> African American Business Enterprise | <input type="checkbox"/> American Indian Business Enterprise |
| <input type="checkbox"/> Asian American Business Enterprise | <input type="checkbox"/> Disabled Business Enterprise |
| <input type="checkbox"/> Latino Business Enterprise | <input type="checkbox"/> Socially & Economically Disadvantaged |
| <input type="checkbox"/> Woman Business Enterprise | <input type="checkbox"/> Disadvantaged Business Enterprise |
| <input type="checkbox"/> Non-Minority | |

Please Mark the Certifying Agency ☐ NC Office for Historically Underutilized Business (HUB Office)
(Please attach red copy of current Certification Letter, if applicable) ☐ NC Department of Transportation (NCDOT)
☐ Self-Certified (no current 3rd party certification)

THE FORM ATTACHED BELOW MUST BE COMPLETED BY VENDOR AND SUBMITTED WITH NEW VENDOR FORM BEFORE THE VENDOR WILL BE SETUP. IF THIS INFORMATION IS NOT PROVIDED, THE VENDOR CAN NOT BE USED BY THE CITY.

Vendor Name: _____

Vendor Address: Street: _____

City: _____ State: _____ Zip Code: _____

Vendor Phone Number: _____

Vendor Email Address: _____

Name of Bank: _____

Bank Address: Street: _____

City: _____ State: _____ Zip Code: _____

Bank Account Number: _____

Bank Routing Number: _____

(Routing number for automatic payment to your account.

Please contact your bank to obtain the correct routing number).

(Signature)

(Date)

Ownership Status: Frequently Asked Questions

Denisha Harris, M-WBE Coordinator – (252) 329-4862

What is ownership status?

Ownership status is a designation used to identify the minority status of the individual(s) or, in the case of corporations, stock holders who own and control a business. Ownership is determined by a margin of **51%**.

Why does the City need this information?

It is the policy of the City of Greenville to provide minorities and women equal opportunity for participating in all aspects of the City's contracting and procurement programs, including but not limited to, construction projects, supplies and materials purchase, and professional and personal service. The City of Greenville is requesting ownership status information to accurately report the participation of minorities in contracting and procurement. Data gathered is for information purposes only and will not affect your business with the City.

Do I have to be certified?

According to NC General Statute 143-128.4, as of July 1, 2009, all firms who wish to do business *as a minority* must be certified by the NC Department of Historically Underutilized Businesses (HUB Office). Federally funded NC Department of Transportation (NCDOT) projects require certification by NC DOT. However, you do not have to be certified simply to do business.

How do I become certified?

If you would like to become certified, visit the NC HUB Office website at <http://www.doa.state.nc.us/hub/> or contact M/WBE Coordinator Denisha Harris at 252.328.4862.

DESCRIPTION	DEFINITION
African American	A person having origins in any of the black racial groups in Africa
American Indian	A person having origins in any of the original peoples of North America
Asian American	A person having origins in any of the original peoples of the Far East, Southeast Asia and Asia, the Indian Subcontinent or the Pacific Islands
Disabled	A person with a disability as defined in G.S. 168.1 or G.S. 168A-3
Disadvantaged	A small, independent business that is at least 51% owned by one or more socially or economically disadvantaged individuals. At least one of these owners must control the firm's management and daily operations, and the owners must share in the risks and profits commensurate with their ownership interest. (NCDOT)
Hispanic or Latino	A person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race
Socially and Economically Disadvantaged	A person eligible as defined in 15 U.S.C. 637. Individuals are those who have been subjected to racial or ethnic prejudice or cultural bias without regard to their qualities as individuals, and whose abilities to compete are impaired because of diminished opportunities to obtain capital and credit. (NC HUB)
Woman	White Female (Non-Minority)
None	White Male (Non-Minority)

