

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. 5<sup>th</sup> 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?

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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).

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

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

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 copy of current Certification Letter, if applicable)  NC Department of Transportation (NCDOT)  
 Self-Certified (no current 3<sup>rd</sup> 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).

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(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)

