



Building Façade Grant Program (Commercial/Industrial Rehabilitation Grant Program)

County of Henrico, Virginia

Department of Community Revitalization

Henrico Community Revitalization Web Site: <https://henrico.us/revit/enterprise-zone>

Department of Community Revitalization, County of Henrico, Virginia, P.O. Box 90775, Richmond, Virginia 23273-0775**
Phone 804-501-7615 Facsimile 804-501-7630

**Use P.O. Box for all mail. Street address is 4905 Dickens Road, Henrico, Virginia 23230 for deliveries only.

*** Application must be submitted and approved before starting work. ***

Applicant Information

Applicant:

Name: _____

Company: _____

Address: _____

City/State/ Zip-code: _____

E-Mail: _____

Phone: _____ Fax: _____

Project Site (address):

Property Owner (if different from applicant):

Name: _____

Address: _____

City/State/ Zip-code: _____

E-Mail: _____

Phone: _____ Fax: _____

Identification Number:

Federal Tax ID number of Applicant:

(Required for Disbursement of Grant Funds)

Business Ownership

Sole Proprietorship

Corporation

Partnership

Limited Liability Company

S Corporation

Other _____

Names of Owners, Partners, President or CEO:

Type of Business Activity at Project Site:

Is business activity currently located at the project site? Yes: No:

Lease Own Zoning: _____ Property ID Number (GPIN): _____

Year business began: _____ Length of time at this location: _____

Total Number of Employees at this location: _____ Full-Time: _____ Part-Time: _____

Does this business have more than one location? Yes: No:

1) Scope of Work.

Provide a detailed description of the proposed scope of work and drawings that indentify specific work elements. Provide attachments as needed.

2) Project Budget

Provide an itemized budget indicating the amount and use of funds needed for the proposed improvements. This should be a line item budget by work element and in sufficient detail to determine eligibility of expenses. Provide attachments as needed.

Required Attachments

- A. Photo of site and façade(s) to be improved.
- B. A site plan and elevation(s) of the proposed improvements.
- C. Competitive contractor bids. (*See Procurement Requirements for number of bids required*)
- D. Copy of bid solicitation, including reference to Davis-Bacon wage requirements.

For office use only. Do not write below this line.

Date Received: _____ Year existing building was built: _____

Valid Business License? Yes: No:

Taxes or debts owed to the County? Yes: No:

Zoning or Maintenance Code Violation(s)? Yes: No:

DCR Approved: _____

Notes: _____

AFFIDAVIT FOR OWNER APPLICANT

DECLARATIONS:

I, the undersigned, hereby declare that, to the best of my knowledge and belief, the information provided in this application is true and accurate. I am authorized to act on behalf of the business/property named herein. I further agree by the terms and conditions of the program description and criteria as contained herein. I understand that the County may refuse to provide incentives under the Enterprise Zone Program to firms or properties with delinquent debts owed to the County or outstanding Henrico County Code violations. I also understand that any false or misleading information provided by me or the business may result in the loss of grants to which the firm or properties might otherwise be eligible. I understand that the failure to submit required information will result in forfeiture of the grants under the program.

I authorize the Henrico County Enterprise Zone Program Administrator to disclose such information, as provided to the County, to the Virginia Department of Housing & Community Development for reporting purposes as required.

Signature: _____ Date: _____

Print Name: _____

Property owner(s) must sign application:

I (we) the undersigned attest to my (our) ownership of the property located at:

(address) _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,

by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Title Holder: _____ Notary Name: _____

Title Holder: _____ Notary Name: _____

{Seal}

Number: _____

Signature: _____ Date: _____

AFFIDAVIT FOR TENANT (OR OTHER AGENT) APPLICANT

If applicant is not the property owner, this affidavit for the tenant must be filled out and signed by the tenant or other agent and the property owner(s).

I (we) the undersigned attest to my (our) ownership of the property located at:

(address) _____

And hereby authorize: (tenant or agent) _____

to act as my (our) agent for the limited and express purpose of participating in the Henrico County Enterprise Zone program. I have reviewed and approve of the alterations to be made on the property as proposed in the grant application.

DECLARATIONS:

I, the undersigned, hereby declare that, to the best of my knowledge and belief, the information provided in this application is true and accurate. I am authorized to act on behalf of the business/property named herein. I further agree by the terms and conditions of the program description and criteria as contained herein. I understand that the County may refuse to provide grants under the Enterprise Zone Program to firms or properties with delinquent debts owed to the County or outstanding Henrico County Code violations. I also understand that any false or misleading information provided by me or the business may result in the loss of grants to which the firm or properties might otherwise be eligible. I understand that the failure to submit required information will result in forfeiture of the grants under the program.

I authorize the Henrico County Enterprise Zone Program Administrator to disclose such information, as provided to the County, to the Virginia Department of Housing & Community Development for reporting purposes as required.

Tenant/Agent Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Name of Owner: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,

by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Title Holder: _____ Notary Name: _____

Title Holder: _____ Notary Name: _____

{Seal}

Number: _____

Signature: _____ Date: _____

Building Façade Grant (CDBG) Addendum **Program Description and Acknowledgement of Criteria**

The Henrico County Enterprise Zone Grant Program encourages the renovation of properties in the County's Enterprise Zone to enhance these commercial corridors as appealing places where people will want to shop and otherwise conduct business. The Commercial/Industrial Rehabilitation Grant is designed to assist with exterior improvements, correct code violations or deficiencies, and to promote an overall design theme which emphasizes cohesiveness and continuity along the commercial corridor.

The following criteria apply to the Commercial/Industrial Rehabilitation Grant *(please initial after each to acknowledge that you have read and understand them)*:

Program Funding: The County allocates funding from Community Development Block Grant funds for this program. Commercial/Industrial Rehabilitation Grants are available on a first come first served basis to eligible program participants. The amount of grant assistance is limited to 33% of the total of exterior renovation costs plus interior code violation costs or \$30,000, whichever amount is lower. However, the amount of reimbursement cannot exceed the costs associated with exterior façade improvements and the correction of code deficiencies. The grant will be reimbursed based upon the actual costs, and will be provided after the completion of the renovation. ____

Eligible Applicant: An eligible applicant is a person or firm having ownership or leasehold rights in a building located within the Henrico County Enterprise Zone. A leasehold applicant is required to have approval from the owner. Businesses must have a valid business license and may not have outstanding tax or other financial obligations to the County. The site must be zoned for the current use. A building may benefit from only one Commercial/Industrial Rehabilitation Grant during any 5-year period. ____

Eligible buildings will have an existing or proposed commercial or industrial occupancy. ____

If more than one freestanding building exists on the property, each building that contains a separate business and meets the requirements listed is eligible for the grant. ____

Eligible Improvements: The proposed improvements must include building façade improvements. A building located on a corner is considered to have two facades. Grant funds may be used to correct code violations or code deficiencies, however, no code violations may exist upon completion of the improvements. ____

New construction is not eligible for this grant. ____

Design Assistance: A requirement for participation in the Commercial/Industrial Rehabilitation Grant requires prior participation in the County's Design Assistance Program where an architect hired by the County consults with the applicant to prepare a design concept and cost estimate for façade and site improvements. The Director of Community Revitalization may waive this requirement at his/her discretion. ____

Planning and Permit Center Requirements: Building façade improvements and correction of code violations funded under this program fall under the same County requirements as other property improvements. The applicant is responsible for following County procedures regarding Plan of Development, obtaining required permits for the work, providing any required plans for permits, requests for rezoning, and plan review, if applicable. ____

Application Requirements: The applicant shall file an Application for Commercial/Industrial Rehabilitation Grant Program on the appropriate County form(s) and include the following:

- Site Plan and elevation drawings showing location, size, and details of all existing and proposed façade improvements
- Description of proposed scope of work and cost estimates
- Copies of bids as per the procurement requirements

The applicant, at their expense, shall be required to employ an architect, engineer or contractor, as may be appropriate, for the development of the plans and estimates. Estimates and subsequent bids must provide adequate detail to determine the costs of discrete work items and for the identification of costs for building façade improvements and correction of code violations. ____

Procurement Requirements: The following Henrico Procurement procedures shall apply:

- **Level 1 Purchases – Estimated Grant payment up to \$2,000** (total job cost under \$6,060): Minimum of two (2) quotes solicited*;
- **Level 2 Purchases – Estimated Grant payment between \$2,001 and \$5,000** (total job cost between \$6,061 and \$15,151): Minimum of three (3) quotes solicited.(*). A minimum of one (1) quote must be solicited from a company listed on the Virginia Department of Minority Business Enterprise (DMBE); Small, Women and Minority (SWaM) Vendor Directory, found at the following link: <https://www.sbsd.virginia.gov/directory>.
- **Level 3 Purchases – Estimated Grant payment between \$5,001 and \$30,000** (total job cost between \$15,152 and \$90,909): Minimum of four (4) quotes solicited.(*). A minimum of one (1) quote must be solicited from a company listed on the Virginia Department of Minority Business Enterprise (DMBE); Small, Women and Minority (SWaM) Vendor Directory, found at the following link: <https://www.sbsd.virginia.gov/directory>.

(*) *The applicant has the option to use any vendor, however grant reimbursement will be based on the lowest qualified bid.*

A copy of the published notice for invitations to bid and copies of three (3) competitive bids shall be provided to the Department of Community Revitalization. ____

Agreement for the Use of CDBG Funds:

Jobs Agreement

Upon approval of the application, the applicant will enter an agreement with the County; commonly known as the Jobs Agreement, setting forth the terms and conditions related to the use of federal Community Development Block Grant Program funds. As a condition to the use of the CDBG funds, the applicant must agree to create one job for every \$10,000 in assistance received. In addition, at least 51% of the jobs created must be available to persons previously of low income, as defined by the U.S. Department of Housing and Urban Development. It is expected that the jobs will be created within two years of the completion of the renovations. The applicant agrees to provide information about employees hired pursuant to the Jobs Agreement and to maintain records as may be required for audit or reporting purposes. ____

Davis-Bacon Wage Requirements

The applicant will also be required to ensure that the contractor pay wages in compliance with the federal Davis Bacon wage rates. In addition, the applicant agrees to comply with the County procedures for the competitive bidding of the work. County staff will provide technical assistance to the applicant related to Davis Bacon and procurement. The applicant will be required to maintain a file related to the agreement and the status of its efforts to create jobs and the income eligibility of persons hired in the new positions. The County staff will monitor the progress of the applicant and the applicant will make the file and any related records available for inspection by County staff upon request. ____

Payment: Disbursement of grant funds is contingent upon completed work passing County inspections. The applicant will provide proof of all project related expenditures. Payment of the grant will be made on a reimbursement basis after the receipt of all supporting documentation. Payment will be made within 15 days of approval by the County staff. Written request for payment of grants must be received by the county within 90 days after completion of the work. Completion of the work is defined as final payment to contractor(s). ____

*** Important ***

*** All work related to this grant must begin within 6 months of receiving Grant Authorization or the grant application will become null and void.* ____**