



# Application For Enterprise Zone Incentives (Local Funds)

*\* Please complete and include appropriate addendum(s) \**

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 804-501-7640 Facsimile 804-501-7630 E-mail: [enterprisezone@henrico.us](mailto:enterprisezone@henrico.us)

\*\*Use P.O. Box for all mail. Street address is 4905 Dickens Rd., Suite 200, 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: \_\_\_\_\_

### Property Owner (if different from applicant):

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

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

City/State/ Zip-code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Project Site (address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Identification Number:

Federal Tax ID number of Applicant:

(Required for Disbursement of Grant Funds)

## Business Ownership

Sole Proprietorship

Partnership

S Corporation

Corporation

Limited Liability Company

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:

**Application is for the following Grants (check Grants being requested & attach Addendum Sheet):**

- Building Façade Grant for Existing Small Businesses (limited to businesses with 6 or fewer employees)
- Paving Grant
- Landscaping Grant
- Demolition Grant
- Existing Freestanding Signage Grant (Existing Freestanding Signs **ONLY**)

**Please complete the appropriate addendum and include all referenced documents to apply for grants checked above.**

**1. Scope of Work:**

**For each Enterprise Zone Grant checked above, please identify the specific grant and provide a detailed description of the proposed scope of work and a drawing(s) that identify specific work elements. (Scope of Work may be in the form of an attachment.)**

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**2. Project Budget:**

**For each Enterprise Zone Grant checked above, please identify the specific grant and provide an itemized budget identifying the grant amount being requested and how such funds would be used toward a proposed improvement. This should be a line item budget by work element and in sufficient detail to determine expense eligibility. (Budget may be in the form of an attachment.)**

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**3. Attachments: See Addendum for required attachments for each grant**

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

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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: \_\_\_\_\_

## **Demolition Grant Addendum**

### **Description and Acknowledgement of Criteria**

The Henrico County Enterprise Zone Local Funds 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 Demolition Grant is available to support the demolition of existing buildings which impede new construction.

The following criteria apply to the Demolition Grant (*please initial each criterion to confirm agreement*):

**Program Funding:** Demolition Grants are available on a first come first served basis to eligible program participants. The amount of the grant assistance is limited to 33% of the demolition costs or \$30,000, whichever amount is lower. The grant will be reimbursed based upon the actual costs and will be paid after completion of the new building and receipt of a final Certificate of Occupancy. \_\_\_\_

**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 site (parcel) may benefit from only one Demolition Grant during any 5-year period. \_\_\_\_

**Eligible Improvements:** The proposed demolition must clear a site for an additional investment of \$250,000 for a new building. \_\_\_\_

**Land Disturbance:** If demolition requires more than 2,500 square feet of land disturbance, or if the property is located in a Resource Protection Area (RPA), the Department of Public Works requires a [Standard Environmental Site Assessment \(ESA\) and Erosion and Sediment Control Plan Sheet](#). More information can be found at the Henrico County Department of Public Works webpage at: <https://www.co.henrico.va.us/works/engineering-environmental-services/erosion-sediment>. In addition, the new construction must be approved by the Planning Department. \_\_\_\_

**Planning and Permit Center Requirements:** Demolition funded under this program falls 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 Enterprise Zone Incentives \(Local Funds\)](#) on the appropriate County form(s) and include the following:

- Site Plan showing the location, size, and details of all existing and proposed improvements
- Description of proposed scope of work and cost estimates
- Copies of bids as per the procurement requirements
- Photographs of all sides of buildings to be demolished

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 be prepared on a line item basis and will provide for adequate detail to determine the costs of discrete work items and provide for the identification of costs for demolition. \_\_\_\_

**Procurement Requirements:** The following Henrico Procurement procedures shall apply:

A written and defined work description, for all purchases, must be provided to potential vendors. Small Purchase requests can be sent electronically via e-mail or fax. All Bid requests, including SWaM, shall be provided to the Department of Community Revitalization.

- **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.*

All bids received at the IFB stated date, time, and place shall be opened and read aloud. Bids will be awarded to the lowest responsible bidder. The published bid notice and copies of all bids shall be provided to the Department of Community Revitalization. \_\_\_\_

**Payment:** Disbursement of grant funds is contingent upon completed work passing County inspection. The applicant will provide proof of all project related expenditures. Grant payment will be made on a reimbursement basis after receipt of all supporting documentation and payment will be made within 15 days following approval. A written request for grant payment must be received 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 6 months after authorization or the application becomes null and void. \_\_\_\_**