



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

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
 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:

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.)

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.)

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

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: _____

Existing Freestanding Signage 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 Existing Freestanding Signage Grant is available to replace existing deteriorated free-standing signs in a manner that enhances the business and commercial area where it is located.

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

Program Funding: Existing Freestanding Signage 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 total of demolition, replacement, or refurbishment costs or \$2,000, whichever amount is lower. The grant will be reimbursed based upon the actual costs and will be provided after the completion of the signage improvement. ____

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 Existing Freestanding Signage Grant during any 5-year period. ____

Eligible Improvements: Any deteriorated existing freestanding sign on property located in the County's Enterprise Zone to be demolished, replaced, or refurbished. Replacement of a message panel alone is not considered being "refurbished." ____

New freestanding signs are not eligible for this grant. ____

Planning and Permit Center Requirements: Signage improvement 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 a County Application for Enterprise Zone Incentives (Local Funds) and include the following:

- Design Plan and elevation drawings showing the color, dimension, height, lettering, location, materials, and other details of all proposed signage improvements
- Copies of quotes as per the procurement requirements

The applicant, at their expense, may be required to employ an architect, engineer or contractor, as may be appropriate, for the development of the design plan. All quotes must provide adequate detail to determine the costs of discrete work items and for the identification of costs for signage. ____

Procurement Requirements: The following procurement procedures shall apply:

A written Scope of Work description shall be provided to each potential supplier. Supplier solicitations may be sent electronically via e-mail or fax. A list (name and address) of all solicited suppliers shall be provided to the Department of Community Revitalization. Supplier solicitation(s) shall be governed by the following:

- **Level 1 Purchases – Estimated Grant payment up to \$2,000** (total job cost under \$6,060): Minimum of two (2) quotes solicited. (*)

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

In the event that no responsible quotes are received from the initial requested supplier solicitation list, a new list shall be developed, and the request procedure repeated. ____

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 following 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 6 months after authorization or the application becomes null and void. ____