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:	Property Owner (if different from applicant):		
Name:Company:	Name: Address:		
Address:			
City/State/ Zip-code:			
F-Mail:	 F-Mail [.]		
E-Mail: Phone: Fax:	E-Mail:Fax:Fax:		
Project Site (address):	Identification Number:		
	(Required for Dishursement of Grant Funds)		
Business Ownership	Partnershin S Cornoration		
Sole Proprietorship			
Sole Proprietorship Corporation Names of Owners, Partners, President or CE Type of Business Activity at Project Site:	EO:		
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Sole Proprietorship Corporation Names of Owners, Partners, President or CE Type of Business Activity at Project Site:	Co: Other project site? Yes: No:		
Sole Proprietorship Corporation Names of Owners, Partners, President or CE Type of Business Activity at Project Site: Is business activity currently located at the partners activity currently located activity currently loca	Conclusion Other Other Property ID Number (GPIN):		
Sole Proprietorship Corporation Names of Owners, Partners, President or CE Type of Business Activity at Project Site: Is business activity currently located at the	Coroject site? Yes: No: Property ID Number (GPIN): Length of time at this location:		

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:	
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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) owners	nip of the property located at:		
(address)			
The foregoing instrument was acknowledged befo	re me thisday 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 affidavi or other agent and the property owner(s).	t for the tenant must be filled out and signed by the tenant
I (we) the undersigned attest to my (our) owners	nip of the property located at:
(address)	
And hereby authorize: (tenant or agent)	-
	ss purpose of participating in the Henrico County Enterprise e alterations to be made on the property as proposed in the
this application is true and accurate. I am autherein. I further agree by the terms and condit herein. I understand that the County may refuse firms or properties with delinquent debts owed to I also understand that any false or misleading inf	est of my knowledge and belief, the information provided in horized to act on behalf of the business/property named ions of the program description and criteria as contained to provide grants under the Enterprise Zone Program to the County or outstanding Henrico County Code violations. Formation provided by me or the business may result in the 19th otherwise be eligible. I understand that the failure to 19th of the grants under the program.
·	Program Administrator to disclose such information, as ent of Housing & Community Development for reporting
Tenant/Agent Signature:	Date:
Owner Signature:	Date:
Name of Owner:	
The foregoing instrument was acknowledged before	ore me thisday 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:

Paving Grant Application **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 Paving Grant is available to enhance the appearance and function of existing businesses by rehabilitating deteriorated parking areas or paving existing unpaved parking areas.

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

Program Funding: Paving 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 paving costs or \$5,000, whichever amount is lower. The grant will be reimbursed based upon the actual costs, and will be provided after the completion of the paving. _____

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 Paving Grant during any 5-year period. _____

Eligible Improvements: Paving of existing parking areas that are unpaved, gravel, or deteriorated; expansion of existing parking areas; sealing of parking areas and striping. Proposed parking areas must have access to the street and be located within the County's

Parking lots for new buildings are not eligible for this grant. _____

Land Disturbance: If paving 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 <u>Standard Environmental Site Assessment (ESA) and Erosion and Sediment Control Plan Sheet</u>. More information can be found at the Henrico County Department of Public Works webpage at: http://www.co.henrico.va.us/works/enqineering-environmental-services/erosion-sediment. In addition, the new construction must be approved by the Planning Department. _____

Enterprise Zone. Parking areas must serve an existing building or where an addition to an existing building is being proposed.

Planning and Permit Center Requirements: Paving 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 <u>Application for Enterprise Zone Incentives (Local Funds)</u> and include:

- Site Plan showing the location, size, extent of all paving, and delineation of all required parking spaces;
- Description of proposed scope of work and cost estimates; and,
- Copies of quotes as per County procurement requirements.

The applicant, at their expense, could be required to employ an architect, engineer or contractor, as may be appropriate, for the development of plans and cost estimates. Estimates and subsequent quotes must provide adequate detail to determine the costs of discrete work items and for the identification of paving costs. _____

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 email 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 (*); or,
- 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.

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

If 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. 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 contractor payment. _____

T	m	no	rta	nt

All work related to this application must begin within 6 months or grant authorization becomes null and void.