

BUSINESS MATCHING GRANT PROGRAM APPLICATION

Business Matching Grant Program (select one or both)

- Façade Improvement Grant
 Security Improvement Grant
 Interior Upfit Grant

Application Review Cycle (select one):

- February 15th May 15th August 15th November 15th

Project Address:

Street Name: _____
 City: _____
 State: _____
 Zip Code: _____
 Tax Parcel Number: _____
 Zoning Designation: _____
 Building Square Footage: _____

Applicant Information

Legal Name of Applicant: _____
 Primary Contact Name: _____
 Mailing Address: _____
 City/State: _____ Zip Code: _____
 Primary Telephone Number: _____
 Tax Identification Number: _____ Website: _____

If applicant is a business, indicate the business type and attach supporting documentation (articles of incorporation, etc.):

- Corporation Partnership LLC Sole Proprietorship Other

Are all of Applicant's local, state and federal taxes current?

- Yes No (provide explanation)

Personal Background Information

Provide the full name, date of birth, address and years at address for each applicant and/or company principal owning more than 10% beneficial ownership if applicant is a company.

Full Name	Date of Birth	Address	Total Years at Address

*Each Applicant or company principal must provide a list of all of his/her residential addresses for the past five

Are all personal local, state and federal taxes of each applicant / principal in the business current? If no, include explanation on attached sheet.

Yes
 No

--

Personal Background Information continued)

List all Mecklenburg County property addresses (street address, City) owned by Applicant and all business principals owning more than 10% in the business. Attach a separate sheet if necessary.

1.
2.
3.
4.
5.

Project Information

What is your legal interest in the building? (if tenant, the property owner must complete an Owner Consent Form)

Property Owner Tenant

Have building permits been applied for? If yes, attach a copy of permit and supporting site plans

Yes No

Do you have site plans for the project? If yes, attach copy

Yes No

Will you be using a City Certified Minority Women Small Business Enterprise to complete your project?

Yes No

Are there any known code violations at the site?

Yes No

If no, please explain:

--

Provide a list of ALL businesses operating from the project address. Attach a separate sheet if necessary.

Business Name	Type of Business	Square Footage
1.		
2.		
3.		
4.		

For Security Improvement Grant Only

What security enhancements or installations would you like to install at your site?

--

For applications involving property with multiple storefronts, provide a list of ALL businesses operating from the project address. Attach a separate sheet if necessary.

Business Name	Type of Business	Square Footage
1.		
2.		
3.		
4.		

APPLICANT SIGNATURE

By signing below the Applicant acknowledges that he/she has read and understands the program guidelines for the Façade Improvement Grant Program available at www.charlottenc.gov/ED. Applicant understands that applications are reviewed quarterly and that application deadlines occur on February 15th, May 15th, August 15th and November 15th. Costs incurred prior to application approval and grant contract signing are not eligible for reimbursement. Incomplete applications cannot be considered. The Applicant assures that the information contained in the application is true and correct and agrees to comply with all City of Charlotte guidelines applicable to this program. The Applicant authorizes the City to use his/her/its name, likeness, photos and/or information about the project participating in the Program for promotional purposes.

By signing below, the Signatory acknowledges he/she is duly authorized to act on behalf of the Applicant and that the Applicant is properly organized and licensed to conduct business in the state of North Carolina.

Applicant Name:	
Print name	Title
Signature	Date

RETURN COMPLETED APPLICATIONS with all required attachments to:

City of Charlotte Economic Development

ATTN: Arta Osmanaj

980.416.1424

arta.osmanaj@charlottenc.gov

600 East 4th Street, Suite 201

Charlotte NC 28202

If the Applicant does not own the property, the below Owner Consent Form must be completed by the property Owner and submitted with the Application.

OWNER CONSENT FORM

The undersigned owner of the existing building located at: _____
_____(Address) certifies that _____
_____(Applicant) operates or intends to operate a business at the
above location. The undersigned agrees to permit the Applicant and his contractors or agents to
implement the improvements listed on the Façade Improvement Grant Program Application (“the
Application”) dated _____.

The undersigned hereby waives any claim against the City of Charlotte (“the City”) arising out of the use
of said grant funds for the purposes set forth in the Application. The undersigned agrees to hold the CITY
harmless for any charges, damages, claims or liens arising out of the Applicant’s participation in the
Façade Improvement Grant Program.

In witness whereof, the owner has hereunto set his hand and seal, or if a corporation, has caused this
instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto
affixed by authority of its Board of Directors, if a Partnership by its Partners, if a LLC or LLP, by its
Members/Managers, etc. the day and year first above written.

Corporate
Seal

(Company Name) leave blank if Owner is an Individual

By: _____ (Seal)

Name

Title

By: _____ (Seal)

Name

Title

NORTH CAROLINA, County of Mecklenburg

I, _____, a Notary Public, do hereby certify that
_____ personally appeared before me this day and acknowledged
the due execution of the foregoing instrument.

WITNESS my hand and official seal or stamp, this _____ day of _____, 20_____.

Notary Public

My commission expires

CHECKLIST

Complete this checklist to ensure all required documents are included. Incomplete applications will not be considered.

Required for Façade and Security Improvement Grants

- Complete Application**
- Organizational Documentation** (articles of incorporation, LLC operating agreement, etc.)
- Personal Background Exhibits**
- Owner Consent Form** – Required if Applicant is not the owner of the real estate
- List of all tenants**

Required for Façade Improvement Grant Only

- Statement of Project Description.** A written statement of what the façade project will involve. Provide as much detail as possible, including what you are changing or replacing, type of new materials to be used, color, location on façade, etc.
- Photograph's of Existing Façade.** Submit several photos of your building in its current condition. If necessary, also take several photos of buildings in the area to demonstrate that your proposed improvements will maintain the character of the area. Be sure to label each photo and indicate what improvements you are proposing to make in each. Photos must be submitted electronically in JPEG format.
- Detailed Cost Estimates / Bids for Proposed Improvements.** You must submit a minimum of two cost estimates from qualified contractors. Estimates should include all details of approved scope of work.
- Copy of Site Plan.** – If your project requires site plans to be submitted for permitting purposes, a copy of the project site plans must be included with the grant application.
- Drawings of Proposed Façade Improvements.** Include a concept drawing of what the site will look like after work is completed. For larger projects involving a major scope of work this will include copies of your renovation plan containing elevations and site plans. For smaller projects, a simple sketch may be appropriate at the City's sole discretion. In addition to a conceptual drawing, include product sample sheets of design elements such as windows, doors, lighting, canopies, etc. showing colors, size, type of material, etc.

Required for Security Improvement Grant Only

- List of Proposed Security Improvements.** If there are security improvements you are considering and would like for the Police to consider as part of their security analysis, include a description of the improvements you are considering in Section 4. NOTE: The Officer conducting the analysis will use his or her own judgment in recommending security improvements. There is no guaranty that the Officer will concur with the improvements you are considering.