



Commercial Façade Improvement Program APPLICATION FORM

Name of Business: _____

Project Address:

Address	City	State	Zip
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1. Building Owner Applicant Information: (if you own the building, complete this section)

Name

Address (if different than above)	City	State	Zip
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Daytime Phone Number	Cellular/Evening Phone Number	Email Address
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Are you the sole owner of this property? ____ Yes ____ No (Include proof of ownership in your Application Package)

How long have you owned or been an owner at this property? _____ (Round Down in Terms of Years)

Is (Are) there an existing business(es) in operation at this address? ____ Yes ____ No

If yes, how long? _____ (Round Down in Terms of Years)

Indicate type of business: (Clothing, Dry Cleaner, Restaurant, etc.)

If yes, how many persons are currently employed? ____ Full-time ____ Part-time ____

Is your property currently insured? ____ Yes ____ No (Provide Copy of Insurance Policy(s))





2. Tenant Applicant Information: (if you are a Tenant and lease your business space, complete this section)

Business Name _____ Operator's Name _____

Type of Business _____ Number of Employees ____ F/T ____ P/T ____

Length of time in this Location _____

Street Address (if different than above) _____ City _____ State _____ Zip _____

Daytime Phone Number _____ Cellular/Evening Phone Number _____ Email Address _____

How long have you been a Tenant at this property? ____ Yrs (Round Down in Terms of Years)

Is your property currently insured? ____ Yes ____ No (Provide Copy of Insurance Policy(s))

Do you have the **Approval from the Building Owner** to participate in this program? Yes ____ No ____ If yes, please attach your Letter of Agency and copy of the lease (included in your Application Package).

3. Project Contact (If different than Applicant (Owner or Tenant) - must be one (1) Individual):

Name and Position _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ Cellular/Evening Phone Number _____ Email Address _____



4. Project Description: (Briefly describe proposed façade improvement and complete the **Requested Improvement Details sheet**. Submit a minimum of 3 current photographs of the building/business façade. Include at least 1 photo of each requested improvement. If you have accompanying renderings, site plans, or designs please provide those as well, though they are not required.)

5. Has the Applicant, or anyone with an ownership interest of the project site:

a) Received funding from the Commercial Façade Improvement Program before?
___ No ___ Yes If yes, list date and business: _____

b) Received assistance, or are now under consideration for assistance, from other federally funded Richland County Government programs?
___ No ___ Yes If yes, list the property location(s), investment amount(s) and date(s): _____

c) Currently have existing, previous, pending contracts or other business relationship with Richland County Government? ___ No ___ Yes (If yes, please explain)

d) Is a spouse or immediate family member or business partner, currently employed by Richland County Government?
___ No ___ Yes If Yes, list the Richland County Government Employee's name, department and relationship:

e) Is this property under contract to transfer ownership in the next 12 months? Yes ___ No ___ (if yes, please explain)



6. Signatures

The Applicant, _____, asserts that the preceding information is true, and correct, and will comply with all local, state, and federal regulations applicable to this program. The Applicant fully understands neither Richland County Government nor the Neighborhood Improvement Program can make any variances to the application process, or requirements, except as authorized in writing.

The Applicant fully understands and agrees that if his/her project at any time fails to meet program requirements or ordinances; he/she will be ineligible for a receiving investment and agrees to forfeit all rights pursuant to the acquisition or recovery of any claims or damages regarding the funds of the Richland County Government and/or Neighborhood Improvement Program.

The Applicant agrees that in the event of its breach of any condition or provision, as described in the application process and found in the program guidelines and program agreement, or whenever it is deemed to be in the best interest of Richland County, the County has the right to terminate this agreement on thirty (30) days notice and to cancel this agreement, without prejudice to any other rights or remedies of Richland County.

If the Applicant is someone other than the property owner, written consent by the property owner must be provided by submitting a Letter of Agency with this application.

Applicant (Print) Applicant's Signature **A NEIGHBORLY PLACE** Date

Applicants Social Security Number and/or Company's Federal ID Number

Return to Neighborhood Improvement Program

Commercial Façade Improvement Program

Project Manager:

Neighborhood Improvement Program
2020 Hampton Street
Columbia, SC 29204
803.576.2194 or 2144
NIP@richlandcountysc.gov

