



**City of Emporia
Emporia Redevelopment & Housing Authority
Enterprise Zone Application
FAÇADE IMPROVEMENT GRANT**



Applicant Name and Address: _____

Applicant Phone and E-Mail: _____

Property Address (Location of Proposed Improvements): _____

Property Owner Name and Address: _____

Property Owner Phone and E-Mail: _____

Tenant Name and Address (if applicable): _____

Tenant Phone and E-mail (if applicable): _____

Business Name (business occupying property if applicable): _____

Please list all proposed eligible façade improvements to be completed, along with a cost estimate for each improvement. Estimates shall be obtained by a contractor, if applicable. Please attach any design plans or sketches of work to be completed. Attach additional sheets and any other information if necessary:

Total Estimated Cost of Eligible Façade Improvements: _____

Total Investment by Property Owner or Tenant: _____

Total Requested from ERHA (Requires a 1:1 match and may not exceed \$5,000): _____

Please attach written estimates provided by a contractor (if applicable) for eligible façade improvements. Any approved grant amount will be based upon these estimates. Any adjustments to the original grant amount must be based on actual cost and approved by the ERHA through the use of an adjustment addendum.

I agree to the terms of the Façade Improvement Grant Program and understand the grant must be used for the project described in this application. I also understand the project must be completed within four months after notification of grant and permit approvals and that grant funds will be disbursed on a reimbursement basis only after submission and verification of paid invoices and receipts.

I further understand this application must be reviewed and approved by the ERHA prior to work beginning. Projects will not be funded if work begins prior to approval of application. I further agree to adhere to all zoning and building permitting requirements prior to beginning work.

I agree to furnish all necessary documentation to verify expenditures for this project and approve submission of this application.

Signature of Applicant: _____ Date: _____

Signature of Property Owner (if different than applicant): _____ Date: _____

Action Taken:

Approved/Disapproved: _____ Grant Amount Approved: _____

Comments: _____

ERHA Executive Director: _____ Date: _____

Please return this completed application to:

Brian Thrower
City Manager
City of Emporia Economic Development
201 South Main Street
P.O. Box 511
Emporia, VA 23847
Phone: (434) 634-3332 Fax: (434) 634-0003
Email: bthrower@ci.emporia.va.us