



Date: _____

Name of Business: _____ Total Amount of Request: \$ _____

Project Address:

Street Address City State Zip

MANDATORY: Applicants must schedule an appointment with the City's Zoning Department by calling 803.545.3333 or visit in person at 1136 Washington Square, 3rd FL to determine if planned use for building is eligible.

Is this Project Site within? (Check applicable box) [] Design District [] Historic District [] Designated City Landmark [] City of Columbia [] Richland County [] Planned Used is Eligible

Planning Staff with whom you confirmed your status: Name: _____ Date: _____

Check as directed by Planning Div: Elevation Required _____ Rendering Required _____ Product Brochure Required _____

1. Building Owner Applicant Information: (If you own the building, please complete this section.)

Name

Address (if different than above) City State Zip

Daytime Phone Number Cellular/Evening Phone Number Email Address

Are you the sole owner of this property? _____ Yes _____ No

How long have you owned this property? _____ (Round Down in Terms of Years)

Is there an existing business(s) in operation at this address? _____ Yes _____ No If yes, how long? _____

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, please complete this section.)

Business Name Operator's Name Type of Business Number of Employees 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 you Letter of Agency (included in your Application Package).

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

Name

Address City State Zip

Daytime Phone Number Cellular/Evening Phone Number Email Address

4. Project Description: (Briefly describe proposed improvement; **submit a current photograph** of the building/business exterior and interior)

5. Briefly describe the applicant's business activity purpose, objective, population served, and major sources of funding:

6. Explain how the project will contribute to the objectives of the grant and the mission of CEZ, Inc.

7. Funding:

Requested Incentive Funding	\$ _____
Personal Contributions	\$ _____
Loan Contributions	\$ _____
Business Contributions	\$ _____
Other (_____)	\$ _____
Other (_____)	\$ _____
Total Project Cost	\$ _____
How much spent to date	\$ _____

8. Has the Applicant, or anyone with an ownership interest in the Applicant:

a) Received a Commercial Façade Improvement Program Forgivable Loan before? ___No ___Yes

If yes, list date and amount: _____ \$ _____

b) Received assistance, or are now under consideration for assistance, from any government program?
___No ___Yes

If yes, list the property location(s), investment amount(s) and date(s):

(Examples: Commercial Revolving Loan Fund, Residential Loan, Disaster Recovery Loan, Operation Paint Brush, etc.)

c) Have any previous, existing or pending contracts or other business relationship with the City of Columbia?
___No ___Yes

If yes, list the type:

d) Or any spouse or immediate family member, currently employed by City of Columbia? ___No ___Yes

If yes, list the City of Columbia Employee’s name, department and relationship:

9. Has a survey for asbestos containing material been conducted for the complete structure? ___No ___Yes

10. Signatures

The applicant hereby certifies that it possess the legal authority to make a grant submission and to execute a subsequent funding agreement with the Columbia Empowerment Zone, Inc. Applicant also certifies it has not been suspended, disbarred or prohibited from receiving federally assisted contracts.

The applicant hereby certifies that, he or she is the individual identified as the official authorized person to submit the application for assistance.

The applicant hereby certifies that the projects or activities to be assisted with Columbia Empowerment Zone, Inc. Grant funding will be implemented and administered in compliance with regulations and other applicable local and state requirements.

To the best of the applicant’s knowledge, no funds have been or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, an officer or employee of the CEZ, Inc. or City in connection with the awarding of any contract related to this project.

The applicant here by certifies that no officer, employee, or agent of the City of Columbia or County of Richland or the applicant, who exercises any responsibilities with respect to the requested project, has any personal financial interest, direct or indirect, in the requested project.

The Applicant, _____, asserts that the preceding information is true, and correct, and will comply with all Regulations applicable to this program. The Applicant fully understands that the Columbia Empowerment Zone, Inc. (CEZ, Inc.) can make no 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 municipal ordinances; he/she will be ineligible for a reimbursement investment and agrees to forfeit all rights pursuant to the acquisition or recovery of any claims or damages regarding those funds by the Columbia Empowerment Zone, Inc.

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

If the Applicant is 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 Date

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

Columbia Empowerment Zone, Inc.
Vacant and Abandoned Building Incentive Program (VABIP)

Program Administrator: Felicia Maloney fmmaloney@columbiasc.net Phone: 803.733-8438
Verdine Gleaton vsgleaton@columbiasc.net Phone: 803.255-8912

EXHIBITS TO APPLICATION FOR GRANT ASSISTANCE

The following documentation must be submitted with this request.

- Completed Application
- Processing Fee of \$100.00
- Certificate of Incorporation under authority of the State of South Carolina (if applicable)
- Articles of Incorporation (if applicable)
- Current Fiscal Year's Financial Statement
- Copy of Current Business License, when applicable
- Proof of Ownership - Copy of Mortgage/Deed (If Owner is Applicant)
- Letter of Agency *and* Copy of Lease (If Tenant is Applicant)
- Proposed Project Budget
- Business Plan
- Current Photographs of Project Site
- Elevation, rendering or product information reflecting the vision of the completed project
- Project Specifications Sheet (as provided to bid prospects)
- List of Contractors contacted to bid for project
- Copy of Bids submitted by Contractors
- Hold Harmless Agreement
- Proof of Funds Spent
- Proof of Good Standing for:
 - Property Taxes
 - Sewer Fees & Water Fees
 - Mortgage & Rent or Lease Payments
- Copy of Property and Liability Insurance for site where project will take place
- Building Appraisal
- Environmental Review (if applicable)
- Applicants will be scheduled to make a 15 minute presentation to the Incentive Committee and may be requested to make a presentation to the BOD.