

Commercial Retention & Redevelopment Program (CRR) Exterior & Interior Project Application Form

Business Name:

Amount Requested:

Applicant Project Contribution Amount:

Project Site Address:

MANDATORY: Applicants must schedule an appointment with OBO & City's Planning Division staff by calling 803.545.3381. **Application will not be accepted without conducting this Mandatory Project Site Visit.**

Project Site Classification:

Planning Staff Reviewing Standard Code or Overlay Code for CRR Project:

Type of drawing required by Planning Div:

1. Applying as **Building Owner**: (if you own the building and you are the applicant) **SAM UEI Number:**

1a. Owner's Name:

1b. Owner's Address:

1c. Daytime Phone:

1d. Evening Phone:

1e. Email Address:

1f. Are you the sole owner of this property? Yes No 1g. Age of Building:

1h. If not sole owner, please identify other owners:

1i. Form of Ownership: Sole Proprietor Partnership Limited Liability Corporation Corporation

1j. Owner's SS#: 1k. Ownership %: 1l. Open how long?

1m. Do you own the building and operate a business here? **Yes** No

1n. Is building currently fully insured? Yes No 1o. Business Industry:

1p. What is the name of your business:

1q. Is there an existing business at this location operated by a Tenant? Yes No

1r. What is the name of the business:

1s. Indicate type of business: (Clothing, Restaurant, Engineering, etc.)

1t. Are you currently a party to any lawsuits or pending lawsuits? Yes No

1u. Are you currently in bankruptcy? Yes No

2. Applying as Tenant: (if you are a tenant and lease your business space, complete this section) **SAM UEI #:**

2a. Business Owner's Name:

2b. Tenant's Business Name:

2c. Business Industry:

2d. How long has your business been open?

2e. Number of full-time employees:

2f. Number of part-time employees:

2f. Is your business currently insured?

Yes

No

Business Owner MUST carry insurance to be eligible to participate.

Daytime Phone:

Cell/Evening Phone:

3. On-site Project Manager (If different than Applicant & must be one (1) Individual):

Project Manager's Name:

Address (St, City, ST & Zip):

Daytime Phone:

Cell/Evening Phone:

Email:

4. EXTERIOR Project Description: *(Please mark all boxes that apply.)*

Awning

Painting

Carpentry

Roofing

Doors

Signage

Lighting

Windows

Masonry

4a. INTERIOR Project Description: *(Please mark all boxes that apply.)*

Walls

Lighting

Ceilings

ADA Accessibility Improvement

Floors

Parking Lot Repair

Cabinets or Similar Built-in Fixtures

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

a) -received a CRR Forgivable Loan before?

Yes

No

If Yes, list date and amount:

b) -received assistance, or are now under consideration for assistance, from other federally funded City of Columbia programs? Yes No

If Yes, list the property address, investment amount, and date:

c) -have any previous, existing or pending contracts or other business relationship with the City of Columbia?(Has/ does your business perform work and are paid for that work by the City of Columbia?

Yes

No

If Yes, what type of work or service was provided and date of most recent contract:

d) - or any spouse or immediate family member, currently employed by City of Columbia

Yes

No

If Yes, list the employee's name, department and relationship:

6. Signatures The Applicant asserts that the preceding information is true, and correct, and will comply with all Federal Regulations applicable to this program. The Applicant fully understands that the City of Columbia, and Office of Business Opportunities, can make no variations 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 matching investment and agrees to forfeit all rights pursuant to the acquisition or recovery of any claims or damages regarding those funds the City of Columbia and/or Office of Business Opportunities. 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 City of Columbia, the City of Columbia 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 the City of Columbia. 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's Signature:

Date:

Social Security Number or Tax ID#: