



Maple Street Overlay Commercial Buildout Grant Application

Applicant Information

Applicant: _____ Date: _____

Address: _____ Phone: _____

Email: _____ Property Owner: Yes No

Business Information

Name: _____ Type: _____

Address: _____ Phone: _____

New or Existing: _____ Federal Tax ID#: _____ Occupational Tax License # _____

Property Owner / Landlord Information (if different than Applicant)

Name: _____

Address: _____ Phone: _____

Email: _____ **Property Owner/Landlord Affidavit Attached**

Project Information

Amount of Funding Requested: _____ (Not to exceed 50% of project costs)

Total Project Cost: _____ (Two Competitive Estimates Preferred)

Preferred Contractor: _____ Contractor Phone: _____

Brief Description of Project (attach additional sheets or architectural plans as necessary):

Scope of Project (Check all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Wall Improvements | <input type="checkbox"/> Grease Traps / Fixed Kitchen Fixtures |
| <input type="checkbox"/> Floor Improvements | <input type="checkbox"/> Fixed Bathroom Fixtures |
| <input type="checkbox"/> Ceiling Improvements | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> HVAC / Plumbing Improvements | |
| <input type="checkbox"/> Sprinkler/Fire Alarm System Installation | |
| <input type="checkbox"/> Itemized Cost Estimates Attached | <input type="checkbox"/> Plans/Renderings Attached |
| <input type="checkbox"/> Photographs of Existing Site Attached | <input type="checkbox"/> Color Samples Attached |

Certification

I do hereby attest that, *if awarded*, I am bound to the terms of the Maple Street Overlay Commercial Buildout Grant Guidelines and will perform the scope of work as presented and approved by the Carrollton Redevelopment Authority. I further attest that I am responsible for paying 100% of the associated improvement costs up-front and would be eligible for up to 50% grant reimbursement at the satisfactory completion of the project. I am current on all property taxes, occupational tax licensing fees, water bills, etc. and have no debts to the City of Carrollton. All applicable permitting and project inspections to be obtained in accordance with City of Carrollton procedures.

Signature: _____ Printed Name: _____

Date: _____

Administrative Use Only:

Date complete application received: _____ Received by: _____

Approved Denied Grant Amount: (50% Match Required)

Application review date: _____ Grant # _____

Project start date: _____ Project completion date: _____

Request for reimbursement date: _____ Copies of Paid Invoices Received Yes No

Photographs of final project received Yes No W-9 Received Yes No

Grant Funding Issued: _____ Amount: _____ Check #: _____

Notes: _____

Property Owner/Landlord Acknowledgement Affidavit (if applicable)

I am the Property Owner OR Landlord of the building located at _____ and my address, email, and phone number are correctly noted. I have been informed of the Applicant's intention to perform the improvements described in this application, and I do hereby authorize the tenant to apply for the proposed beautification grant improvements.

Signature: _____ **Printed Name:** _____

Date: _____

_____**(Owner's Name)**, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia, and having been duly sworn, sets forth the following statements for the purpose of being granted a Maple Street Overlay Beautification Grant under the Resolutions of the City of Carrollton.

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public: _____

My Commission Expires: _____

Seal:

GRANT APPLICATION SUBMITTAL CHECKLIST:

- Complete application with original signatures.
- Property Owner/Landlord Affidavit notarized with original signatures *(if applicable)*.
- Cost Estimates, itemized & competitive.
- Plans/Renderings of proposed improvements.
- Color Samples *(if applicable)*
- Photographs of existing site

Return Completed Application & Coordinating Paperwork To:

**City of Carrollton
Attn: Erica Studdard
315 Bradley Street
Carrollton, GA 30117
PO Box 1949
Carrollton, GA 30112**



Maple Street Overlay Grant Reimbursement Request

*** Reimbursement request to be submitted within 30 days of the project completion date.**

Date: _____

Applicant: _____ Grant # _____

Project Address: _____

Amount of 50% Grant Funding Requested: _____

- Photographs of completed project attached for review.
- Copies of paid invoices and proof of payment attached.
- Completed W-9 attached.

Signature: _____

Return Grant Reimbursement Request and Required Attachments To:

**City of Carrollton
Attn: Erica Studdard
315 Bradley Street
Carrollton, GA 30117
PO Box 1949
Carrollton, GA 30112**