

*Application for Newport News  
Fort Eustis Gateway /  
Warwick Corridor Business  
Improvement Grant Program*

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(Name of Applicant)

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(Date Submitted)

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(Signature of Applicant)

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(Grant Amount Requested)

**I. PROJECT APPLICANT (Owner of Property)**

A. Contact Applicant's Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Contact Person(s)/Title: \_\_\_\_\_

Address of Property Involved in Project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Is applicant a subsidiary or direct or indirect affiliate of any other organization?  
 Yes  No

C. All Property Owners are to be listed below:

Name		
Home Address		
<u>Telephone number</u>	<u>Social Security #</u>	<u>Ownership</u>
_____	_____	_____%
_____		
_____		
_____		
_____	_____	_____%
_____		
_____		
_____	_____	_____%
_____		
_____		

D. Does any individual person or organization not listed above hold any interest in the property, directly or indirectly?  
 Yes  No

E. Please list below each occupant of the facility in question, together with a description of the type of business use and percentage of occupancy of the facility to be financed.

A Occupant	B Type of Business	% Occupancy	Lease Term*	Anticipated/ Active Rent

\*Provide Copy of Lease(s)

G. Property Information:

Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_

\*Assessment: Land \_\_\_\_\_  
 Improvements \_\_\_\_\_  
 Total \_\_\_\_\_

\*(If unsure contact Staff)

Appraisal Amount: \_\_\_\_\_  
 (if within last 3 years)

Date of Appraisal \_\_\_\_\_

**II. PROBABLE CONTRACTOR(S) INVOLVED IN PROJECT:**

Name: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_

Name: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_

Name: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_

**OTHER PROFESSIONAL PARTIES INVOLVED IN PROJECT:**

(ex: Accountants, Lawyers, etc.)

Name: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_

Name: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_

Name: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_

**Primary Contact for Project Information:**

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please specify costs for work items as categorized below:

Item	Description	Amount
<i>Exterior Improvements</i>		
Signage		\$
Awning/Canopy		\$
Siding/Shutters		\$
Bricking		\$
Roof Improvements		\$
Exterior Painting		\$
Windows/Doors		\$
Exterior Lighting		\$
Handicap Modifications/Ramps		\$
Security Cameras		\$
Parking Improvements		\$
Landscaping		\$
Other		\$
<b>TOTAL</b>		\$

Has any construction, rehabilitation, or renovation activity occurred to date which is included in the total project cost?  Yes  No

If Yes, please summarize the extent of the activity undertaken and identify what percent it represents of the total work to be done.

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Zoning and Infrastructure:

The proposed use of the project meets all governmental zoning and subdivision regulations.  Yes  No

There are adequate utilities, sewage and drainage available to the building per City requirements.  Yes  No

There is adequate off-street parking to meet the needs of the building/business per City requirements.  Yes  No

**IV. AMOUNT AND SOURCE OF OTHER FUNDS INVOLVED IN PROJECT**

Bank _____	Amount _____
Equity _____	Amount _____
Investors _____	Amount _____
Other _____	Amount _____

**PROJECT BENEFITS**

How will this grant help the business and the Warwick Corridor?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other Benefits to City?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read the following and sign the application form below.**

**All property/business owners, partners, etc. must sign this application form. If there are any questions, please call us at 926-3793 or 928-8074.**

Name (Print) \_\_\_\_\_

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Name (Print) \_\_\_\_\_

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**PUBLIC INFORMATION DISCLOSURE**

The undersigned understands and agrees that all information furnished in connection with his application for Fort Eustis Gateway/Warwick Corridor Business Improvement Grant Program involves the use of public funds and as such may be made public pursuant to the statutes of the United States of America and the Commonwealth of Virginia.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## **REQUIRED ATTACHMENTS TO APPLICATION**

- Application Fee \$75 – Non-Refundable.
- Such non-financial information or supporting information necessary to substantiate the application, including, but not limited to:
  - Estimates, quotations, receipts, contracts, orders, invoices, leases, sales agreements, documentation from architects, engineers, contractors, suppliers, or others involved in the sale, lease or construction of fixed assets, if any, for project including schedules of implementation.
- Any History or Relevant Information on Applicant and/or Property.

Please provide as much of this information as possible and add any additional information that will assist our staff review committee in evaluating your grant request.