

# Grow a Little, Grow A Lot Grant Program

## Application

The following information is required by the Fort Thomas Renaissance Committee (FTRC) to make a preliminary determination on the eligibility of a project under the Grow a Little, Grow A Lot Grant Program (“Grow Program”). A hard copy with all required information, signatures, and supporting documents must be turned into the City of Fort Thomas Renaissance Manager/Economic Development Director. Applications can be mailed to 130 N. Fort Thomas Avenue, Fort Thomas, KY 41075. Please refer to the Grow Program guidelines and the Renaissance Manager/Economic Development Director for assistance with this application.

### PART I APPLICANT INFORMATION

SECTION A: APPLICANT				
Applicant Name	E-mail Address		SS# or TIN if Applicant is a business	
Street or P. O. Box	City	County	State	ZIP Code
Telephone Number	Fax Number		Owner of Property? Owner of Business (Company) operating on the subject Property?	

SECTION B: Co-APPLICANT (if applicable)				
Co-Applicant Name	E-mail Address		SS#	
Street or P. O. Box	City	County	State	ZIP Code
Telephone Number	Fax Number		Tax ID Number	

SECTION C: SUBJECT PROPERTY				
Current Property Owner	Property ID Number		****	
Current Property Owner's Address:	City	County	State	ZIP Code
Street or P. O. Box				
Property Address	City	County	State	ZIP Code
Street		Campbell	KY	41075
Telephone Number	Fax Number		If purchasing subject property Purchase/Closing Date	****

### PART II COMPANY INFORMATION

SECTION A: COMPANY (Business Operating on Subject Property)				
Company's Name	Employer Identification Number (EIN)		****	
Current Address of Company	City	County	State	ZIP Code
Project Address (if different from above)	City	County	State	ZIP Code
	Fort Thomas	Campbell	KY	41075
Company's Taxable Year End	Organization Type	Do you have a Campbell County/Fort Thomas City Occupational License? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SECTION B: COMPANY'S CONTACT				
Name of Company's Designee	Title	Name of Contact (if different from designee)		Title
Street or P. O. Box	City	County	State	ZIP Code

Telephone Number

Fax Number

Email Address

**SECTION C: COMPANY DESCRIPTION & HISTORY**

Please provide a brief description and history of the company. If property owner please provide a description of properties and your management history. You may attach a typed version to this application, if you prefer. If you choose to attach a document please title it "PART II, SECTION C, COMPANY INFORMATION" and enter "See attachment" in the space below. *(Please include all sources of business information such as website's URL or Facebook Page or Links to news articles).*

**PART III SUB-PROGRAM INFORMATION**

There are two types of sub-programs that fit within the Program scope.

**Signage** This program is design to enhance the city’s streetscape appeal by providing funding to allow business owners to purchase a unique sign **bracket** to enhance their business while creating a uniform look to our business district. The incentive is available to any new or existing businesses located in a commercial building in the [general commercial zone/Towne Center/Historic Midway/Inverness/Southside/Fort Thomas Plaza/Highland Plaza] after February 1, 2021. **(PART IV SECTION A)**

**Façade, Structural and Other Improvements** This program will encourage current and prospective business and/or property owners to invest in their property and community. Such an investment will assist in improving the value of the Property, lessen the burden of both the owner and occupier(s), and increase both intangible and tangible values of our business districts. The Façade, Structural and Other Improvement Program is available to anyone owning or purchasing a commercial property in the aforementioned business districts that are in need of structural repairs, façade improvements or other eligible improvements. **(PART IV SECTION B)**

These sub-program forms are designed to obtain pertinent information, not a lengthy narrative. Forms provided must be used and completed according to instructions located on each form. Please type or print all information.

**Partial submissions will NOT be accepted!**

**PART IV SUB-PROGRAM FORMS**

SECTION A: SIGNAGE BRACKET APPLICATION	
Legal name of business	Name of business that appears on proposed sign
Is the applicant the owner of the property where the proposed sign will be installed? YES NO	
If NO, to the question above, does the owner of the building approve the installation of the proposed sign bracket? YES NO	<p>Property Owner’s Approval  <i>I hereby approve the applicant to purchase and install a sign on my property as proposed in this application.</i></p> <p>Signature _____ Date _____  <i>Property Owner</i></p>
<p><b>The following materials shall constitute a complete application. No documentation except that requested below should be submitted with the application packet.</b></p> <p>Documents to Attach:            Copy of Approved Sign Permit from the Design Review Board            Please include the following with the Approved Sign Permit            1. Copy of a site plan as specified by the permit            2. Copy of the drawings as specified by the permit            Proof of Property Ownership (if applicable)</p>	

SECTION B: FAÇADE, STRUCTURAL and OTHER IMPROVEMENTS APPLICATION				
****	****	Number of commercial units	Number of residential units	
Has the Property been cited for code violations in the past year? YES <input type="checkbox"/> NO	If YES, please explain	Current Appraised Value of Property		
		Land		
		Improvements		
		Total Value		
Please provide a description of the proposed improvements to the Property and the construction necessary to achieve.				
Will this project require the commercial portion of the Property to be closed during construction? YES NO				
If YES, would such a closure cause a current business to close its doors during construction? YES NO				
If Company/Business Owner is different from Property Owner or Applicant, Business Owner is both aware of the project and understands they are making appropriate arrangements.  Signature _____ Date _____ Business Owner				
Please indicate the date your original intent was expressed to the City and its Renaissance Manager/Economic Development Director.	Date the Applicant expects to begin the project:	Date the Applicant expects to complete the project:	Date the Applicant expects to open/re-open the facility (if applicable):	
Please provide a detailed project timeline:				
<b>Please provide the following information about your contractor.</b>				
Name of Principal	Title	Company's Name	Telephone number	Email Address
Please provide a breakdown of the expected investment required and associated costs. Design: \$ Materials: \$ Labor: \$ Machinery & Equipment: \$ Permits and Licensing: \$ Other: \$ Total Project Investment: \$				
Please provide a detailed description of how the project will be financed. <i>(Do not include Grow Funds at this time)</i>				
Please provide a brief description of your plans for the Property following the completion of the proposed project.				
Is this property a historic property? YES <input type="checkbox"/> NO	Will you be pursuing property tax breaks? YES NO		Will you be pursuing the Kentucky State's Historic Preservation Tax Credit? YES NO	

**The following materials together with this completed Application shall constitute a complete application packet. No documentation except that requested below should be submitted with the application packet.**

Documents to Attach:

Proof of property ownership  
City of Fort Thomas's Certificate of Appropriateness (*if applicable*)  
Fort Thomas Building Permit (*if applicable*)  
Copy of Inspection completed by Building Inspector (Kevin Barbian)  
Copy of plans submitted by a licensed contractor  
Business Tenant conditional lease agreement (*if applicable*)

**If the applicant chooses to apply all turnaround investment funds into a façade reintroduction please provide the following documents to be considered for additional funds.**

Documents to Attach:

Complete Fort Thomas Grow a Little or Grow A Lot Grant request Form  
Copy of design for new façade  
Completed W-9

**PART V APPLICANT AUTHORIZATION, CERTIFICATION, ACKNOWLEDGMENT, AND WAIVER OF LIABILITY**

APPLICATION AUTHORIZATION, CERTIFICATION & ACKNOWLEDGMENT		
<p>I/We, _____</p>		
<p><i>(names and titles)</i> duly authorized representatives of _____ <i>(the Applicant)</i> hereby apply for "Approved Project" status from the City of Fort Thomas, Kentucky, Planning Commission and hereby certify that I/We have been authorized by Applicant to file this application, to provide the information accompanying this application, to make the covenants and agreements set forth herein, and that the information provided herein is true and complete and that it reflects the applicant's intentions for investment.</p>		
<p>I/We understand that the information provided with this application will be relied upon by the City in deciding whether to grant "Approved Project" status and that the City reserves the right to take action against the applicant or any other beneficiary of the Approved Project if the City discovers that the applicant intentionally provided misleading, inaccurate, or false information. I/We make this certification under the penalties of perjury.</p>		
<p>I/We understand and hereby agree that by submission of the application, Applicant agrees, that the City of Fort Thomas is not responsible for defects, errors or omissions in design, materials or work in any improvements reviewed or approved, nor for any nonconforming or noncompliant materials or work. The City of Fort Thomas, its staff, officers, directors, attorneys and agents having no liability whatsoever for the manner, quality, safety or compliance in which any improvements were made or installed. Applicant furthermore releases and holds the City of Fort Thomas harmless from any costs, claims or liability relating to the construction or reimbursement of any part of the improvements, or in any way relating to this grant request.</p>		
<p>I/We understand that pursuant to KRS 61.870 et seq., the Kentucky Open Records Act that this application and documents submitted in support thereof are public record.</p>		
<p>I/We confirm that I/We have reviewed and accept all parts of this program's policies and requirements.</p>		
<p>Signed:</p>		
_____	_____	_____
Name	Title	Date
_____	_____	_____
Name	Title	Date
<p><b>[ADD NOTARY BLOCK]</b></p>		