INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF GALAX DOWNTOWN GALAX GROWS FAÇADE GRANT PROCESS

- **1. Initial Contact** Generate interest amongst businesses within the downtown.
- 2. Application The Applicant would apply to the Main Street Director describing what type of improvements they are proposing and an estimated cost of what they are proposing. Staff will mark the application "Received" and note the date and time.
- **3. IDA and City Staff Approval** The application shall be reviewed by the Building Official and the Project Planner, to determine if the project complies with Building Codes, City Ordinances, and qualifies for the Matching Grant Program.
- **4. Consultation** If required, applicant, Building Official and Project Planner will work on a design that will meet the applicable design criteria. Upon completion of the design plans, and updated estimated cost, the approved application will be forwarded to the Main Street Design Committee. *The application date is the date of original submission.*
- 5. Main Street Design Committee Selection the Committee, in cooperation with the Project Planner, will review and score applications to determine which applications meet minimum requirements for funding eligibility. Once applications have been scored as meeting minimum requirements for funding eligibility, funding will be awarded amongst eligible applicants on a first come basis until available funding is expended, based on application received date/time and confirmation of a complete application.
- **6. Contract** Upon approval, the Applicant and the designated representative of the Industrial Development Authority shall sign a contract that sets the stipulations for design standards and the release of funds.
- **7. Design and Implementation** After funding approval Applicant will perform any remaining work necessary to obtain all final approvals and permits to undertake the project. Any final design clarifications or changes must be reviewed with the Project Planner and approved prior to construction.
- **8.** Completion and Payment When the construction or installation of the improvements are completed, the Applicant shall forward a receipt to the Project

Planner, showing that the Applicant has paid in full and is entitled to 50% reimbursement up to the approved amount. The Project Planner shall then submit the request of funds for payment on behalf of the IDA.

Industrial Development Authority Of the City of Galax, Virginia

Downtown Galax Grows Façade Grant Program Application Instructions

This year's façade program has \$41,000 in funds for distribution. Individual awards are available up to \$8,000. The program requires a minimum of a 1:1 match.

Please use this checklist to ensure that you have submitted all parts of the application:

- Application Form
- Written estimate from a contractor
- Photograph of entire building
- Drawings to illustrate scope of proposed project
- Written consent of property owner for proposed work (if applicable)

*** Return application to:

City of Galax Main Street Director/Economic Development Director 111 E Grayson Street Galax, VA 24333

PROCEDURES

- 1. The Galax Main Street Director/Economic Development Director will serve as the Project Planner for this program. Applicants should contact the Project Planner at (276) 236-9399 to request an application or download the application from the City of Galax website at www.galaxva.com.
- 2. Talk to the Project Planner about your project to make sure your plans match the grant program.
- 3. It will be the obligation of applicants to determine if consultation with an architect or designer is necessary or appropriate to assist with the project. The Industrial Development Authority of the City of Galax ("IDA") will have no obligation to evaluate or ensure the structural integrity or safety of any project funded hereunder, with such obligation remaining solely with the applicant.

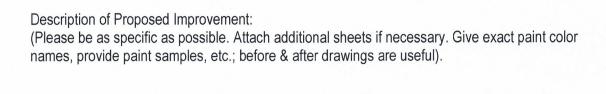
- 4. Obtain a written estimate from a licensed contractor for the work to be performed. A 10% contingency of the total cost of the project <u>must</u> be provided in the estimate. The grant program will not reimburse for applicant's own labor, but materials are reimbursable. For applicants who intend to perform their own labor for projects, applicants may submit quotes from materials suppliers, or compile a materials list for project materials using published list prices of area retailers or wholesalers, or online materials list pricing.
- 5. Return the completed application and a cost estimate of the proposed improvement to City of Galax, Main Street Director, 111 E Grayson Street, Galax, VA 24333, before 5 PM on June 15, 2024.
- 6. The Project Planner will review the application for submission to a review committee.
- 7. Potential applicants are encouraged to contact the Project Planner who is available to preview design concepts, ensure proposals meet regulations, and are consistent with the Design Guidelines.
- 8. Applicants will be notified in writing of the decision. Applications will be judged on how closely they follow the Design Guidelines and the following criteria on a first come basis (applications will be marked as Received with a date when opened). Once applications have been scored as meeting minimum requirements for funding eligibility, funding will be awarded amongst eligible applicants on a first come basis until available funding is expended.
- 9. Projects must be approved before work begins. Work must be completed in this calendar year.
- 10. All approved grants will be paid upon COMPLETION and APPROVAL of the improvement according to the description in the application.
- 11. A written explanation of the reasons for denial of an application will be supplied within thirty (30) days of the determination of the review committee.

Industrial Development Authority of Galax Virginia

Downtown Galax Grows Façade Grant Program Application

DATE OF SUBMISSION:					
APPLICANT:					
LEASE INDICATE IF YOU ARE THE PROPERTY OWNER (CIRCLE ONE): YES NO					
F YOU ARE NOT THE PROPERTY OWNER, PLEASE ROM THE PROPERTY OWNER EVIDENCING THE O					
OCATION:					
Mailing Address:					
TAX M AP #	Business Phon	E:			
Email (if applicable)					
Type of Improvements. Check all that apply.					
Sign Landscaping		Site Accessories			
ighting Façade Renovation Other					
Please provide a brief description of work to	be done:				
Estimated Project Start Date:					
Expected Completion Date:					
Estimated Total Cost of Improvements:	\$+ 1	0% contingency Tot	al		
Grant Amount Requested	\$Not	t to exceed \$10,000			
Signature:		Date			

Business Name/DBA			



PHOTOGRAPHS OF THE PROJECT (Please attach photographs to fully illustrate the extent of work to be done)

OWNER'S CONSENT FORM

l,	, certify that I own the	property
located at		
in Galax, Virginia, and that I have review	ved the application for the Galax Grows Con	nmercial
Facade Improvement Grant Program	submitted by	
and that I fully support this application ar property.	nd the project described therein, to be under	taken on my
I further certify that this person or busine	ess holds a valid lease ofy	ear(s) with
an expiration date of		
I further certify and agree that if the prop	osed project is approved, I hereby provide n	ny consent
for the project to be undertaken, and tha	t I hereby release and agree to hold harmles	s and
indemnify the City of Galax, the Industria	al Development Authority of the City of Galax	and all of
their representatives, employees, officers	s and agents from and against any claimed l	osses or
damages incurred by me as a result of the	ne work performed in connection with the pro	posed
project described in the application.		
	Signature	_
	Print Name	_
	Mailing Address	_
		_
	Telephone #	

Industrial Development Authority of Galax Virginia Downtown Galax Grows Façade Grant Program Application

DATE OF SUBMISSION:					
APPLICANT:					
PLEASE INDICATE IF YOU ARE THE PROPERTY OWNER (CIRCLE ONE): YES N					NO
IF YOU ARE NOT THE PRO FROM THE PROPERTY OW					RM
LOCATION:					
Mailing Address:					
TAX MAP # BUSINESS PHONE:					
Email (if applicable)					
Type of Improvements.	Check all that apply.				
Sign	Landscaping		Site Accessori	es	_
	Façade Renovation				
Other					
Please provide a brief o	lescription of work to	be done:			
Estimated Project Start	Date:				
Expected Completion D	ate:				
Estimated Total Cost of	Improvements:	\$	+ 10% contingen	cy Total	
Grant Amount Requeste	ed	\$	Not to exceed \$1	0,000	
Signature:			Date		

Business Name/DBA:				

Description of Proposed Improvement: (Please be as specific as possible. Attach additional sheets if necessary. Give exact paint color names, provide paint samples, etc.; before & after drawings are useful).

PHOTOGRAPHS OF THE PROJECT (Please attach photographs to fully illustrate the extent of work to be done)

OWNER'S CONSENT FORM

l,	, certify that I o	wn the property		
located at				
in Galax, Virginia, and that I have reviewed the application for the Galax Grows Commercial				
Facade Improvement Grant Program	submitted by			
and that I fully support this application a property.	and the project described therein, to be	undertaken on my		
I further certify that this person or busin	ess holds a valid lease of	year(s) with		
an expiration date of				
I further certify and agree that if the pro	posed project is approved, I hereby pro	ovide my consent		
for the project to be undertaken, and th	at I hereby release and agree to hold h	armless and		
indemnify the City of Galax, the Industr	ial Development Authority of the City of	Galax and all of		
their representatives, employees, office	rs and agents from and against any cla	imed losses or		
damages incurred by me as a result of	the work performed in connection with	the proposed		
project described in the application.				
	Signature			
	Print Name			
	Mailing Address			
	Telephone #			