



**Town Center
Commercial Revitalization Grant Program
REIMBURSEMENT APPLICATION FORM**

Please provide the requested information and submit it to:

DEVELOPMENT DEPARTMENT
4035 BROADWAY
GROVE CITY, OHIO 43123
PHONE: 614-277-3000

PROPERTY INFORMATION

PROJECT ADDRESS: _____
STREET
CITY
STATE, ZIP

PARCEL ID NUMBER: 040- _____ ZONING ON PROPERTY: _____

REIMBURSEMENT TYPE

- ENTIRE OR FINAL REIMBURSEMENT** – The entire project is complete and the applicant is seeking the entire reimbursement or their final reimbursement for the approved project/improvements.
- PARTIAL OR FIRST REIMBURSEMENT** – The project/work has commenced and the applicant is seeking a partial reimbursement for the approved project/improvements.

Note: Dispersed funds are to reimburse applicants for incurred expenses associated with approved project costs. Funds may be dispersed up to a maximum of two times during the duration of an approved project. Reimbursement requests will be processed upon the submission of paid invoices, photographs, inspection results, and other needed documentation (as determined by staff) to verify the completion of the improvement(s).

APPLICANT INFORMATION

Instructions: This section is to reflect and confirm the applicant information submitted on the Eligibility Application. If there is any disagreement between the information contained in this section and the original Eligibility Application, it will delay the reimbursement process and may require the submission of additional organizational documents. Reimbursement funds will be released in the name of the applicant as provided below.

 Name Address City, State, Zip

 Phone Fax Email

ATTACHMENTS

Instructions: All three items below need to be checked for the application to be processed. If no permits were required for your project, you are responsible for obtaining the signature of the Chief Building Official certifying that determination.

- DETAILED RECEIPTS, PAID INVOICES, ETC. FOR COMPLETED IMPROVEMENTS-** The grant recipient shall submit copies of all payment for the completed work. Such documentation shall be in the form of paid receipts, paid invoices, cancelled checks, credit card statements, or by other means approved by the Development Department that demonstrate compliance with Town Center Commercial Revitalization Grant Program rules and regulations. Provided documentation should be detailed to clearly demonstrate compliance with the grant program.
- PHOTOGRAPH(S) OF COMPLETED IMPROVEMENTS-** Submit photos depicting the finished project improvements. Be sure to label each photo and indicate what improvements were completed in each.
- PERMIT(S)** – Submit copies of zoning approvals and building permits obtained from the City for the proposed improvements contained in the eligibility application. **Check box if not applicable ().**

If not applicable, please have the Chief Building and Zoning Official sign below certifying that no permits were required for the completed improvements.

 Grove City Chief Building and Zoning Official (or designee) Date

PROPERTY OWNER ENDORSEMENT OF COMPLETED IMPROVEMENTS

Instructions: This section is to be completed by the property owner. In doing so, the property owner (or their duly authorized agent as detailed in this section) hereby certifies that to the best of their knowledge, all improvements were installed in accordance with the codes and regulations of the City and were completed satisfactorily and are agreeable to and accept the improvements.

Name Address City, State, Zip

Phone Fax Email

Signature Date

BUILDING DIVISION ENDORSEMENT OF COMPLETED IMPROVEMENTS

Instructions: This section is to be completed by the Building Division. In doing so, it is certified that all necessary zoning approvals and building permits for the completed improvements as portrayed in this reimbursement application have been obtained. Additionally, it certifies that the applicant or his/her contractor(s) have satisfactorily completed all necessary building/zoning inspections.

Chief Building and Zoning Official (or designee) Date

SUMMARY OF GRANT FUND EXPENDITURES

| APPLICANT USE | | OFFICE USE ONLY | | | |
|----------------------------------|-------------|----------------------------|----|---------|---------------|
| SUMMARY OF DETAILED EXPENDITURES | ACTUAL COST | ELIGIBLE FOR REIMBURSEMENT | | | ELIGIBLE COST |
| | | Yes | No | Partial | |
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| TOTAL COST | | ELIGIBLE TOTAL | | | |
| | | REIMBURSEMENT TOTAL | | | |
| | | Reviewed By: | | | |
| | | Date Reviewed: | | | |
| Notes: | | | | | |

DECLARATIONS AND ACKNOWLEDGEMENTS

INITIAL BELOW:

_____The applicant acknowledges that acceptance of grant funds may be considered income by the Federal Internal Revenue Service.

_____The applicant agrees to complete any and all applicable tax forms as required by the Grove City Finance Department.

_____The applicant acknowledges that any misuse of grant funds or providing misleading information or making false representations to the City may jeopardize any pending reimbursement request(s) and may prohibit future participation in the grant program.

APPLICANT SIGNATURE

BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND WORK WAS COMPLETED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE GRANT PROGRAM AND IN COMPLIANCE WITH APPLICABLE CITY CODES.

Signature

Date

| FOR OFFICE USE ONLY | | |
|---|----------------|--------------|
| DATE RECEIVED: | DATE REVIEWED: | REVIEWED BY: |
| GRANT PROJECT STATUS: <input type="checkbox"/> COMPLETED/CLOSED <input type="checkbox"/> OPEN/PARTIAL NOTES: _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |