



FAÇADE IMPROVEMENT PROGRAM APPLICATION

PO Box 1389
Woodruff, SC 29388
(864) 476-8154 ext. 47
aleslie@cityofwoodruff.com

Applicant Name: _____

Contact Name: _____

Tenant Name: _____

Business Name: _____

Phone # _____ Fax # _____

Email Address: _____

Project Address: _____

Mailing Address: _____

Does the applicant own the project building? Yes No
If the answer to the above question is NO, please attach a letter from the building owner expressing approval of the project proposal.

Will you be using the services of an architect, engineer or contractor? Yes No
If yes, list your architect, engineer or contractor of preference with name and contact number of business:

Name: _____ Phone # _____

Estimated Total Project Cost: (A) _____ *(attach itemized budget)*

Owner to Match 50% of Total Project Cost: (B) _____

Total Grant Requested: (A-B) _____ *(may not exceed 50% of total PROJECT COST with exception of the sign grant)*
Attach qualified contractor bid documents and all cost breakdowns by category, such as masonry repair, window replacement, etc.

Proposed Start Date: _____ Proposed Completion Date: _____

What is the existing use of the building? _____

Will this project proposal cause a change in the building's use? Yes No

If yes, please explain: _____
Please write a summary of the complete project scope *(you may attach additional pages):*

Signature of Applicant _____ Signature of Property Owner _____

For all questions, please contact Alyson Leslie at 864.476.8154 ext.47 or aleslie@cityofwoodruff.com.

**SUBSTITUTE W-9 REQUEST FOR TAXPAYER IDENTIFICATION
NUMBER & CERTIFICATION**

In order to comply with the Internal Revenue Code, we are required to obtain your Federal Identification Number to be used in reporting the payments we make to you.

Please complete the following information and return to the address below. Please type or print your information on the form below. Your cooperation in this matter is greatly appreciated.

Vendor: _____

Address: _____

City, State, Zip: _____

Please mark the Type of Entity:

Individual Partnership Sole Proprietor Governmental Unit

Corporation LLC or other

Company Name _____

Employer Identification # _____

If individual or sole proprietor, also give name and SSN:

Name (print) _____ SSN _____

Authorized Signature _____

Title _____ Date _____

Telephone # _____

Email Address: _____ Primary Contact: _____

The program description and this application are also available online through
<http://www.cityofwoodruff.com>