



# City of Alvin

## APPLICATION FOR BUSINESS IMPROVEMENT GRANT PROGRAM

*Please carefully read the following:*

A business may receive assistance from the following program that is not to exceed \$50,000 in total during the fiscal year (October 1 to September 30). Funding assistance is approved and awarded at the discretion of a committee designated by the City of Alvin. Funding assistance is distributed as reimbursement after the applicant submits paid receipts for the approved project.

Photographs of the completed project shall also be required when receipts are submitted.

Applicant Name: \_

Business Name: \_

Property Address: \_

Mailing Address: \_

Phone: \_

Fax: \_

Other: \_

E-Mail Address: \_

Please provide one of the following:

- |                     |                           |
|---------------------|---------------------------|
| 1. Individual owner | Recorded DBA Certificate  |
| 2. Partnership      | Partnership Agreement     |
| 3. Corporation      | Articles of Incorporation |

Date business was established or opened in City of Alvin: \_

Brief description of business (attach additional sheet if necessary): \_

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Number of employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Description of proposed project (attach additional sheet if necessary): \_

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Estimated date of completion for this project: \_\_\_\_\_

Estimated Material cost: \_\_\_\_\_ Labor cost: \_\_\_\_\_

**The undersigned acknowledges and agrees to abide by and subject to the terms and conditions of the business improvement grant program described herein.**

**I certify that no improvements, as described in this application, shall begin prior to receiving written approval of grant funding from the City of Alvin.**

Business Owner's Signature: \_

Printed Name: \_

Date: \_

Property Owner's Signature: \_

Printed Name: \_

Date: \_

**If a successful applicant does not use the funds as intended and described by the application, then he or she will be liable for those funds and must repay the City of Alvin.**

Applications may be delivered to City of Alvin Registered Agent, Economic Development Department, 216 West Sealy Street, Alvin, TX 77511.

For more information, please call the office of the City of Alvin Economic Development at 281-388-4281.

Checklist:

- \_ Completed application
- \_ Entity legal documents
- \_ Proof of ownership
- \_ Current paid tax receipts (real & personal property)
- \_ Copy of lease agreement

# City of Alvin Timeline

Application received by City Registered Agent	_	/	/
Submitted to Alvin Grant Program Committee	_	/	/
Applicant notified of decision to approve/disapprove (10 days)	_	/	/
Completion deadline (6 months from approval)	_	/	/
Certificate of Completion received by City	_	/	/
Inspection performed on (10 business days)	_	/	/
If applicable, letter of non-compliance to applicant	_	/	/
Final approved Certificate of Completion received by Register Agent	_	/	/
 Total of receipts submitted for reimbursement	 \$		
Less 50%	-		
Amount of eligible grant funding	\$		
 Release of grant fund by Registered Agent	 Pd Amt. \$	 Ck #	 _ / _ / _

**City of Alvin-Certification of Completion**

Applicant Name: \_

Business Name: \_

**AFFIDAVIT**

I CERTIFY that all improvements have been satisfactorily completed in accordance to the approved application, that all charges or bills for labor or services performed or materials furnished, and other charges against the subcontractors, have been paid in full and in accordance with the terms of the contract; that no liens have been attached against the property and improvements of owner; that no notice of intention to claim liens is outstanding; that no suits are pending by reason on the project under the contract; that all Worker’s Compensation claims have been settled and no public liability claims are pending.

Affidavit is made for the purpose of reimbursement of funds according to the City of Alvin Business Improvement Program.

Total of Paid Receipts submitted for reimbursement \$ \_

Business Owner’s Signature: \_

Printed Name: \_

Date: \_

Property Owner’s Signature: \_

Printed Name: \_

Date: \_

Attachments:

- \_ Copies of paid receipts
- \_ Photographs of completed work
- \_ Other \_

Sworn to and subscribed before me, a notary public,

This \_ day of \_ , .

(seal)

\_\_\_\_\_  
Notary Public Signature

INSPECTION

I CERTIFY that I have inspected the project and have found all improvements to be satisfactorily completed in accordance to the approved application and in compliance to any applicable city ordinances.

Inspector's Signature: \_

Printed Name: \_

Date: \_