



City of Thomasville Main Street Facade Grant Program

The Thomasville Main Street Facade Grant Program is funded by the City of Thomasville and is administered by the Main Street Program. Downtown Thomasville is in a Local Historic District. Design Guidelines for correct restoration and rehabilitation are in the Main Street office.

Monies available are for *exterior improvements only*, and may be applied to a front, side, or rear facade, provided the facade faces a public street or parking area. The amount of the match will be determined by the Main Street Office based on the funds available and number of requests under consideration. Facade grants apply to those structures within the downtown commercial business district boundaries. Priority will be given to buildings with inappropriately applied facades that cover windows, are unsightly, are out-of-scale, and are in need of general repair work.

Application Process

- Application may be picked up at the Main Street Office.
- Main Street Director will review request.
- Projects must be reviewed by the Historic Preservation Commission (HPC) or Historic Preservation Commission Administrative Review Panel (HPCARP).
- Once the project has been approved, the Main Street Director will notify applicant if funds are available or if the application is placed on "waiting list" for facade grant assistance.
- Work on projects requiring HPC approval should not begin until after approval has been granted.
- Work on the rehab project must begin within 90 days after project approval. If work has not begun within 90 days of approval, the grant application is subject to be voided. Project should be completed in a reasonable amount of time.
- Grant money will be paid upon completion of the project, once proper documentation is turned in to the Main Street Office. (See attached W9.)

Main Street Facade Grant Criteria

1. Petitioner must be located in Downtown Commercial Business District.
2. Historic/architecturally significant buildings will be given priority.
3. Project should have impact on the downtown streetscape.
4. Visually prominent and economically blighted buildings will be given priority.

Guidelines for Facade Improvements

1. The Downtown Local Historic District Design Guidelines are used as a guide when making recommendations.
2. Planned improvements must preserve the architectural integrity of the building and restore, when possible, the historic appearance of the facade.

3. Colors should be harmonious with the neighboring structures.
4. The surface cleaning of structures must be by the gentlest methods available. Inappropriate chemical cleaners should be avoided due to possible damage of aged building components. Sandblasting is NOT an approved method of cleaning.
5. The size, color, and shape of a sign should compliment the building and add to the historic flavor of the area. **All signage must comply with local sign ordinances.**
6. Work on the rehab project must begin within 90 days after approval. The grant will be paid to the recipient **after work is completed and all bills relating to said work are paid, documented with receipts/cancelled checks**, as per agreement with the Main Street office.
7. The money is in the form of a grant, not a loan, and is available as follows:

NO FAÇADE GRANT SHALL EXCEED \$10,000

- | | |
|--------------------------------------|--|
| First time rehab under this program= | Up to a 50% Match Basis |
| After 5 years under this program = | A second rehab of the same facade may receive up to 25% on a Match Basis |
| After 10 years under this program = | A second rehab of the same facade may receive up to 50% on a Match Basis |

APPLICATION FORM FOR FACADE GRANT PROGRAM

NAME/BUSINESS NAME: _____
(Grant check will be made payable to the above name.)

PROPERTY ADDRESS: _____

DAYTIME PHONE NUMBER: _____

FEDERAL TAX IDENTIFICATION # _____

TYPE OF FACADE IMPROVEMENTS: SIGN ____ PAINTING ____ OTHER ____

DETAILED OUTLINE OF WORK TO BE DONE: (attach the following)

1. Photographs clearly showing existing condition of the facade
2. Plans drawn to scale and specifications outlining scope of work
3. Samples of all paint colors to be used on facade and signs

TOTAL COST OF IMPROVEMENTS: \$ _____

AMOUNT REQUESTED: \$ _____

I understand that in order for my request for matching funds to be approved, I must agree to work with and follow the recommendations of the HPC & Main Street Office. I also understand that monies are granted on a reimbursement basis; following completion of work and those improvements/changes not approved by the HPC and Main Street Office will not be funded.

Signed: _____

Date: _____

Date received by Main Street Office: _____

To be completed by the Main Street Office:

Date Reviewed: _____

Date Approved: _____

Amount granted: \$ _____

Scope of Work:

Specific Recommendations:

Date Denied: _____

Reason(s) Denied:

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																																							
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Social security number</td> </tr> <tr> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">- -</td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Employer identification number</td> </tr> <tr> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">- - - - -</td> </tr> </table>	Social security number																				- -										or										Employer identification number																				- - - - -									
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.