

Commercial Area Revitalization Effort (CARE) Program

APPLICATION PACKAGE

The EDA and the City of Richmond reserve the right to update this application packet, including the program guidelines, and any other information related to the Commercial Area Revitalization Program without prior notice.



OVERVIEW

The Commercial Area Revitalization Effort (the "CARE" Program) is a reimbursement grant, often referred to as a rebate, for investments in the exterior or interior of commercial structures in the [CARE areas](#). The program aims to encourage the revitalization and rehabilitation of CARE areas in Richmond by improving the environment for retail, service, or other businesses and encouraging mixed-use real estate development by incentivizing property and business owners to improve their properties.

Please make sure the property is located in a CARE area with the online map found at:

<https://www.richmondeda.com/enterprise-zone-and-care-program-map/>

PROGRAM GUIDELINES

- **Eligible Applicants:** The legal entity or individual that owns, or leases (with a lease for more than one year) a commercial property within a CARE area; or the legal entity or individual that operates the business at the property, as evidenced by a City of Richmond business license, are eligible to apply for the CARE Rebate Program. If the applicant is a tenant of the property, its application must include a copy of the lease and written approval from the property owner.
- **Program Benefits – General CARE Improvements:** The program provides rebates of 50% for renovations of commercial space located within a CARE Area. Eligible expenses include exterior rehabilitation, interior rehabilitation, upfit for ground floor spaces for business tenants, and security improvements (except those Priority Security Improvements discussed below). We suggest scheduling time to meet with the Department of Economic Development staff to discuss the specific investment you are making. A virtual meeting can be scheduled by visiting the booking site and selecting CARE Application Pre-Meeting at <https://outlook.office365.com/book/RichmondEconomicDevelopmentCAREProgramApplication@Richmondgov.onmicrosoft.com/>
- **Program Benefits – Priority Security Improvements:** In fall 2024, the City of Richmond approved 100% reimbursement for specific types of security improvements, they are:
 - External lighting
 - External cameras
 - Hardware and installation expenses for integrating with Richmond Police Department's Richmond Connect program. Additional information on Richmond Connect can be found at: <https://richmondconnect.org/>
- **Maximum Benefit:** CARE rebates shall be available only to the extent that funding is available. CARE rebate assistance shall not exceed \$25,000 for one property address or building. Each applicant shall be eligible for no more than \$50,000 for multiple properties or buildings.
- The applicant, and their vendors and contractors, must comply with applicable federal, state, or local law for the work at the property for which they seek CARE program reimbursement specific project. To find out if your contractor has a Class A, B, or C Contractor license, visit <https://www.dpor.virginia.gov/LicenseLookup>. For security-related licenses, please visit the Virginia



Dept. of Criminal Justice Services, [Business | Virginia Department of Criminal Justice Services](#).

- An application must be submitted within 12 months of the expense.
- Eligible expense documentation: The applicant must have the required documentation for the expenses they are seeking the rebate for:
 - A paid itemized invoice or receipt that shows a zero balance and/or that the expense has been paid in full. It should show the vendor's name, address, and phone number.
 - Supporting document demonstrating that the submitted expense has been paid (copy of a canceled check or redacted bank or credit card statement.)
- Taxes, installation, and delivery fees are *not eligible* for rebate and should be subtracted from the amount submitted for the program.
- The applicant must use an eligible form of payment. Eligible forms of payment for all expenses \$1,000 and above in value are check, cashier's check, debit or credit card. Cash is not an acceptable form of payment for work \$1,000 and above. If the applicant pays cash for expenses below \$1,000 in value, the invoice must be notarized by both parties.
- If a property is mixed-use, rebate requests must be for expenses exclusive to the commercial portion of the property, or if the expense is property-wide (i.e., the roof), the value of the expense will be prorated by the percentage of the property that is commercial space.
- Applicants must have a current City of Richmond business license (if applicable), be current on all City taxes or show proof of payment plan with the city to receive payment from the CARE Program.
- Final reimbursement will only be made to the applicant if a Certificate of Occupancy, Letter of Zoning Compliance or Final Inspection Document has been provided to designated DED staff member.
- Applicants must provide a Federal W-9 form with their Employee Identification Number (EIN).
- Applicants must work with a designated CARE staff person in the Department of Economic Development. All applicants for the CARE Rebate Program must participate in a site visit with program staff to verify the completion of work. The site visit can be scheduled online by visiting the booking site and selecting the CARE Application – Compliance Site Visit option at <https://outlook.office365.com/book/RichmondEconomicDevelopmentCAREProgramApplication@Richmondgov.onmicrosoft.com/>



APPLICANT SIGNATURE – PROGRAM GUIDELINES

By signing this application, the applicant acknowledges that they understand the CARE-Commercial Area Revitalization Effort Program Guidelines, and that the approval of rebate from the City of Richmond and the EDA-Economic Development Authority of the City of Richmond are conditioned upon meeting the requirements of the program and that funding of approved rebates are subject to the availability of funds. The applicant further certifies that the information on this application is true and correct to the best of their knowledge.

Print Name: _____

Signature: _____ Date: _____



SUBMISSIONS GUIDELINES

Please read and carefully review all information contained in this application packet, including the associated attachments, before completing the application. Completed applications are defined as applications for which all required documentation has been submitted, along with the completed application form and required attachments.

We encourage you to [meet with Department of Economic Development staff](#) prior to submission.

Application materials must be remitted to the EDA by email to George Bolos at George.Bolos@rva.gov

Required Application Submission Documents

- Signed Program Guidelines
- Completed CARE Program Application
- Contractor Form and/or Priority Security Improvement Form
- Completed W-9
- Eligible expense documentation:
 - A paid itemized invoice or receipt that shows a zero balance and/or that the expense has been paid in full. It should show the vendor's name, address, and phone number.
 - Supporting document demonstrating that the submitted expense has been paid (copy of a canceled check or redacted bank or credit card statement.)
- Copy of Certificate of Occupancy, Letter of Zoning Compliance or Final
- Copy of current City of Richmond Business License or proof of payment (if applicable)
- Copy of valid lease (if applicable)



CARE PROGRAM APPLICATION

Date: _____

It is free to apply to this program. The applicant is required to have direct communication with DED staff. Complete all fields of the application packet. Incomplete packets will not be considered for processing.

Which describes this project?

- Rehabilitation
- Expansion
- Relocation
- Tenant upfit for business

Which describes the applicant? Business Owner Property Owner

Name of business: _____

Website: _____

Registered "doing business as" name: _____

Project Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Council District: _____ Link to District Lookup: <https://apps.richmondgov.com/applications/PropertySearch/Default.aspx>

Employer ID # _____ Certificate of Occupancy Date: _____

Owner Information

Owner's First & Last Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Mobile #: _____

% of Ownership _____ Minority-Owned? _____ Woman Owned? _____

List other owners below.

- Business Owner Name: _____ % of Ownership _____ Minority ___ Woman ___
- Business Owner Name: _____ % of Ownership _____ Minority ___ Woman ___



If you are applying as the business owner, complete the information below.

Number of Full-Time Jobs Retained: _____ Created: _____

Date business opened in City of Richmond: _____

Check all that best describes this business below.

Business Type	
<input type="checkbox"/>	New Business
<input type="checkbox"/>	Existing

Business Sector	
<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Retail/Wholesale
<input type="checkbox"/>	Professional Office
<input type="checkbox"/>	Service
<input type="checkbox"/>	Other

Legal Status	
<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	LLC
<input type="checkbox"/>	Other

Rebate Information

Description of Project:

Rehab Start Date: _____

Total Rehab Project Cost: _____

Total Cost of Property(if purchased in last 12 months): _____

Is the property owned by the applicant? Yes No

If yes, purchase date: _____

If no, Lease Expiration Date: _____

Does the owner approve of rehab? Yes No



By signing this application, the applicant acknowledges the following:

1. The applicant has received and understands the CARE Program Guidelines provided on the first page of the CARE application.
2. The approval of rebates from the City of Richmond are conditioned upon meeting the requirements of the program and that funding of approved rebates are subject to the availability of funds.
3. The applicant certifies that the information on the CARE application and attached documents are true and correct to the best of their knowledge.
4. The applicant certifies that the work conducted complies with all applicable local and state regulations.

Authorization

Print Name: _____

Signature: _____ Date: _____



Contractor Form

Business/Property Owner's Name: _____

Same Name on Application

Property Address: _____

Include Zip Code

Telephone Number (s): _____

Business

Mobile

	List Contractors Used & Attached Receipts & Proofs of Payment to this Document	Check All That Apply			Contract Amount
		Minority Owned	Woman Owned	Licensed - Class A, B, or C	
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Totals:				

I hereby certify that the work conducted at my business premises complies with all applicable local and state regulations.

Print Name: _____

Signature: _____ Date: _____