**REQUEST FOR REIMBURSEMENT**

Type of Improvement: [ ]  Façade [ ]  Sidewalk [ ]  Landscaping

Business Name: Click or tap here to enter text. Contact Name: Click or tap here to enter text.

Business Address: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. E-mail Address: Click or tap here to enter text.

Website: Click or tap here to enter text.

Description of Project: Click or tap here to enter text.

Description of Business: Click or tap here to enter text.

Total Project Cost: Click or tap here to enter text. Available for Reimbursement: Click or tap here to enter text.

Amount Requested: Click or tap here to enter text.

Date Application Received by Economic Development Office: Click or tap here to enter text.

Date Design Committee Approved: Click or tap here to enter text.

Date Reimbursement Requested: Click or tap here to enter text.

(Reimbursement request will be reviewed at the next regular meeting of the EDA, held the 2nd Friday of each month)

Please submit the following documents with the request form, paper copies can be attached or electronic copies ***(preferred)*** e-mailed to hitchinge@ci.waynesboro.va.us with “façade grant” in subject line:

|  |  |  |
| --- | --- | --- |
|  | **Attached** | **Submitted via E-mail** |
| Copy of Application  | [ ]  |[ ]
| Design Committee Approval Letter | [ ]  |[ ]
| Paid Invoices/Receipts | [ ]  |[ ]
| Photos of Completed Work  | [ ]  |[ ]
| Vendor Questionnaire | [ ]  |[ ]
| Completed IRS W-9 Form | [ ]  |[ ]

**VENDOR QUESTIONNAIRE**

***For EDA Use***

Date Received: \_\_\_\_\_\_\_\_\_\_ Date of Check: \_\_\_\_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_\_\_\_ Check Amount: \_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please provide the information requested below and return this questionnaire with a completed IRS Form W-9*

Toady’s Date: Click or tap here to enter text.

Legal Name of Business: Click or tap here to enter text.

Trade Name (DBA) if different from Legal Name: Click or tap here to enter text.

State Where Business is Registered/Organized: Click or tap here to enter text.

VA State Corp. Commission Number, if applicable: Click or tap here to enter text.

Physical Address of Business **(NO PO BOX):** Click or tap here to enter text.

Business Contact Name: Click or tap here to enter text.

Business Contact Telephone Number: Click or tap here to enter text.

Business Contact E-mail Address: Click or tap here to enter text.

Business Contact Fax Number: Click or tap here to enter text.

Business Name on Remittance Check (**must match either Legal or Trade Name above**): Click or tap here to enter text.

Mailing Address for Payments: Click or tap here to enter text.

Mailing Address for IRS 1099 Forms (if applicable): Click or tap here to enter text.