



## City of West Columbia Fats, Oils, and Grease Grant Application

This program is available to owners and tenants of buildings regulated by the FOG Program within the City limits. Businesses who work with fats, oils and grease need to prevent FOG from entering the City's sewer system. These businesses include restaurants, schools, hotels, and any other food prep facility. Properties are eligible for a maximum of a \$5,000 grant. The program is a reimbursement program and shall be administered on a first come first serve basis until available funding for the program is expended. Please refer to the City of West Columbia FOG Grant Program Guidelines for eligibility requirements.

Date: \_\_\_\_\_

### 1. APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Owner:  Yes or  No Building Owner:  Yes or  No

Owner Type (Check one):  Individual  Proprietorship  Partnership  Corporation  LLC \_\_\_\_\_

Business Name: \_\_\_\_\_

Tax ID No. \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. PROJECT INFORMATION

Brief Project Description (discuss what upgrades/up-fits are needed and where matching funds are coming from):

Check one:

Replacing Grease Trap

Replacing Grease Interceptor

**3. LANDLORD INFORMATION** (If applicant is a tenant)

Full Name: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. LANDLORD ACKNOWLEDGEMENT**

I am the landlord of the building address noted in this project application and my address and phone number is noted correctly in this document. I have been informed of the Applicant's intention to perform the improvements described in this application and I hereby authorize the tenant to apply for the proposed improvements.

\_\_\_\_\_  
Landlords Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
**CERTIFICATION**

The undersigned agrees that by signing and submitting this application that he, she or they will be bound by the terms and conditions contained in the City of West Columbia FOG Grant Program Guidelines available on the City's website at [www.westcolumbiasc.gov](http://www.westcolumbiasc.gov).

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Applicant Signature(s)

\_\_\_\_\_  
Name of Corporation (If applicable)

---

GRANT APPLICATION CHECKLIST

---

Please Check:

- I have attached verification of property ownership, if owner: copy of Title or Deed of Trust, if tenant: copy of lease
- I have attached a copy of valid business license
- I have attached a description of the loading calculations.
- I have attached project scope of work, timeline for project completion (not exceeding three months) and total estimate of project budget.
- I have attached three third party written quotes for work to be completed with the reimbursable grant funds.
- If the business is owned by an LLC/Corporation, I have attached the organization's operating agreement or a letter signed by all board members authorizing the applicant to sign legal documents on behalf of the organization.

200 N 12<sup>th</sup> Street  
West Columbia, SC 29171  
Telephone: 803-791-1880  
Website: [www.westcolumbiasc.gov](http://www.westcolumbiasc.gov)  
Email: [grants@westcolumbiasc.gov](mailto:grants@westcolumbiasc.gov)