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DOWNTOWN INCENTIVE PROGRAM APPLICATION



**Jackson County
 Economic Alliance**

Kelley Brown
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Application must be approved by City Council prior to work beginning. The City reserves the right to request additional information. All information supplied to the Downtown Incentives Committee will be kept confidential. Attach additional sheets as necessary.

PROGRAM(S) APPLIED FOR

- | | | |
|---|--|---|
| <input type="checkbox"/> ACQUISITION ASSISTANCE | <input type="checkbox"/> FAÇADE GRANT | <input type="checkbox"/> CONVERSION OF 1 ST FLOOR
RESIDENTIAL TO COMMERCIAL |
| <input type="checkbox"/> SIGNAGE | <input type="checkbox"/> COMMERICAL INTERIOR GRANT | |
| <input type="checkbox"/> CONSULTANT ASSISTANCE | <input type="checkbox"/> UPPER STORY RENOVATION | |

APPLICANT INFORMATION

APPLICANT IS: **OWNER** **TENANT**

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Email Address: _____ Phone: _____

Owner Name (if not applicant): _____

Owner Email Address _____ Phone: _____

BUSINESS INFORMATION (IF APPLICABLE)

Name of Business: _____

Address of building for which grant is sought: _____

Intended use of the property: _____

Is this a new business? Yes No If no, please specify the number of years you have been in business. _____

Is this business relocating from another location? Yes No Current address? _____

Current assessed value of building/property: \$ _____

BUILDING INFORMATION

In addition to the occupancy details below, **please provide a color copy of the parcel report from Beacon**

Retail space: Not occupied Occupied, specify _____

2nd Story space: Not occupied Occupied, specify _____

PROGRAM INFORMATION

ACQUISITION ASSISTANCE

Please provide the following information on the Proposed Use of Funds Worksheet

- Abstracting Fees
- Origination Fees
- Acquisition Price
- Real Estate Agent Fees
- Appraisal Fees
- Recording Fees
- Attorney Fees
- UCC Filing Fee & UCC Search

SIGNAGE

Signage Only Signage with façade project Façade to be improved: Front Side Rear

CONSULTANT ASSISTANCE

Design size area: _____ sf

Designer's name: _____ Address: _____ Phone: _____

Designer's previous projects: _____

FAÇADE GRANT

Façade Only Sign with façade project Façade to be improved: Front Side Rear

COMMERCIAL INTERIOR GRANT

Expansion of existing retail Remodeling of existing retail

CONVERSION OF 1ST FLOOR RESIDENTIAL TO COMMERCIAL

___ Number of commercial spaces created ___ Size of commercial space

UPPER STORY RENOVATION

___ Number of apartments to be created ___ Number of apartments to be renovated

Please attach supporting documents to this application, including:

- W9 (Taxpayer Identification and Certification)
- Narrative Scope of Work
- Design Drawings
- Proof of Ownership
- Proof of Payment/Receipts

Proof of payment/receipts will be required prior to release of grant funds.
The City reserves the right to request additional information.

PROPOSED USE OF FUNDS WORKSHEET

Please complete one worksheet per program. Detailed estimates MUST be attached.

PROPOSED USED OF FUNDS	BRIEF DESCRIPTION	ESTIMATED COST
<input type="checkbox"/>	Abstracting Fees (ACQ Grant)	\$ _____
<input type="checkbox"/>	Acquisition Price (ACQ Grant)	\$ _____
<input type="checkbox"/>	Appraisal Fees (ACQ Grant)	\$ _____
<input type="checkbox"/>	Attorney Fees (ACQ Grant)	\$ _____
<input type="checkbox"/>	Origination Fees (ACQ Grant)	\$ _____
<input type="checkbox"/>	Real Estate Agent Fees (ACQ Grant)	\$ _____
<input type="checkbox"/>	UCC Filing Fee & UCC Search (ACQ Grant)	\$ _____
<input type="checkbox"/>	Signage Cost	\$ _____
<input type="checkbox"/>	Consultant Fee	\$ _____
<input type="checkbox"/>	Brick cleaning & tuck pointing	\$ _____
<input type="checkbox"/>	Demolition Work	\$ _____
<input type="checkbox"/>	Exterior Lighting	\$ _____
<input type="checkbox"/>	Finishing Work	\$ _____
<input type="checkbox"/>	Floor/Ceiling/Wall Repair	\$ _____
<input type="checkbox"/>	Installation of Permanent Fixtures	\$ _____
<input type="checkbox"/>	Mechanical Systems Upgraded/Retrofit	\$ _____
<input type="checkbox"/>	Painting of Exterior Surface	\$ _____
<input type="checkbox"/>	Preservation of Architectural Elements	\$ _____
<input type="checkbox"/>	Window/Door Repair	\$ _____
<input type="checkbox"/>	OTHER	\$ _____
Total Estimated Cost		\$ _____
Grant Amount Requested		\$ _____

STATEMENT OF UNDERSTANDING

As the applicant, I agree to comply with the guidelines and procedures of the Downtown Incentive Program and the conceptual design and outline specifications as agreed by myself and the committee. I understand I must provide copies of all proposed materials and design drawings for the estimated scope of work, and upon completion of the approved improvements, a copy of the contractor's waiver of lien for evidence of payment. I also understand the committee reserves the right to request additional information.

Applicant Signature

Date

I certify that I, as the owner of this property, do authorize the applicant to apply for the Downtown Incentive Program and undertake the approved improvements.

Owner Signature (if other than applicant)

Date

Committee Use Only

APPLICANT/BUSINESS NAME

DATE APPLICATION RECEIVED _____

DATE OF COMMITTEE REVIEW _____

PREVIOUS GRANT RECIPIENT FOR THIS PROPERTY

DATE OF COUNCIL APPROVAL _____

YES NO DATE _____

REQUIRED INFORMATION RECEIVED

- Applicant/Business Information
- Building Information
- W9
- Narrative Scope of Work

- Design Drawings
- Proposed Use of Funds Worksheet
- Proof of Payment/Receipts
- Statement of Understanding

COMMENTS:

Total Estimated Cost \$ _____

Grant Amount Requested \$ _____

Grant Amount Given \$ _____

City Administrator, City of Bellevue

Date

Chairperson, Design Committee

Date

Director, Jackson County Economic Alliance

Date