



# APPLICATION FOR DOWNTOWN OR COMMERCIAL INCENTIVE PROGRAM

RETURN TO: CITY HALL | ATTN: CLERK ERIN LEARN | 208 EAST MAIN STREET | MANCHESTER IA 52057

**Work may not begin prior to approval by the Design Committee and City Council.**

**TYPE OF INCENTIVE:  
PROGRAM APPLIED FOR:**

DOWNTOWN INCENTIVE

ACQUISITION

AWNING

INTERIOR

DESIGN ASSISTANCE

FACADE

PARKING LOT ASSISTANCE

SECOND STORY LOAN

COMMERCIAL INCENTIVE

ACQUISITION

AWNING

INTERIOR

DESIGN ASSISTANCE

FACADE

PARKING LOT ASSISTANCE

SECOND STORY LOAN

Please complete one "Proposed Use of Funds Worksheet" per program.

## TO QUALIFY:

Property must be located within the designated area. Applicant must attach narrative of scope of work, including proposed materials, design drawings, estimates of cost, and, upon completion, proof of payment. The City reserves the right to request additional information. All information supplied to the Downtown & Commercial Incentive Program Committee will be kept strictly confidential. A pre-application meeting with the City Manager is required. Work may not begin prior to approval by the Design Committee and City Council. Work must commence within 180 days of approval from the City Council and be completed within 365 days. Extensions may be granted. All projects, funded by incentives, must comply with the City's Comprehensive Plan and Flood Plain requirements. In addition, all labor funded by incentives must be done by a licensed contractor and meet City Code requirements.

## 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

Name of Business: \_\_\_\_\_  W9 Attached

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

Business Type:  Retail  Business Offices  Gov't/Education  Personal Care Services  Financial

Restaurant/Bar  Other:

Business

Description: \_\_\_\_\_

New business  Established Business Years in Business: \_\_\_\_\_

Relocating from another location Previous address: \_\_\_\_\_

**PROVIDE INFORMATION FOR THE ASSISTANCE YOU ARE APPLYING**

**ACQUISITION ASSISTANCE**

Up to \$5,000 of selling costs. Assists owners-operators to acquire downtown or commercial property. Anyone who purchases a downtown or commercial property that will be used by the new owner for their own business qualifies. **Please provide the following information on the Proposed Use of Funds Worksheet: Abstract Fees, Acquisition Price, Appraisal Fees, Attorney Fees, Origination Fees, Real Estate Agent Fees, Recording Fees and UCC Filing & Search Fees.**

**AWNING PROGRAM**

Maximum funding is \$35 per lineal foot of awning. This program helps downtown or commercial property owners or renters to install awnings per the "Design Guidelines." Another option is to include awning improvements as part of the Façade Program.

- Awning Only
- Awning with Façade    Façade to be improved:  Front    Side    Rear    Building Frontage: \_\_\_\_\_ sf

**DESIGN ASSISTANCE**

Maximum funding is 50% of the total cost, not to exceed \$2,000. Commercial properties located in the downtown or commercial business district are eligible for design assistance. Design services provided must meet Design Guidelines.

- Designer's Name: \_\_\_\_\_ Design Size Area: \_\_\_\_\_ sf
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_

**FAÇADE GRANT**

Maximum funding is \$7,500 per building. Assists in the restoration or rehabilitation of facades on downtown or commercial buildings in the designated area. The applicant pays two-thirds, while the City pays one-third of costs associated with approved exterior renovations for building frontage. Extra funding may be allowed if the building has exposed sidewalls. Design Committee reviews all projects, which must comply with Design Guidelines.

- Façade Only
- Façade with Awning    Façade to be improved:  Front    Side    Rear    Building Frontage: \_\_\_\_\_ sf

**INTERIOR GRANT**

Maximum funding allowed is \$7,500. Assists in the expansion or remodel of commercial space in the designated downtown and commercial business area. The applicant pays two-thirds, while the City pays one-third of costs associated with the interior improvements.

- Expand    Remodel

**PARKING LOT ASSISTANCE**

Up to a \$10,000 grant. Can be obtained to pay up to one-half the costs associated with resurfacing of parking for downtown or commercial properties.

- Lot Frontage: \_\_\_\_\_ Total Proposed Spaces: \_\_\_\_\_  Asphalt    Concrete    Landscape Design Attached

**SECOND STORY RENOVATION LOAN**

Up to \$10,000 loan at 0% interest for residential or commercial renovation of second floor space in the downtown and commercial areas. This is a five year loan program. As loans are repaid, money becomes available for others in the downtown area to participate in this program.

- Proposed Use: \_\_\_\_\_ Total Area of 2<sup>nd</sup> Story: \_\_\_\_\_ sf
- Payment Frequency:  Annual    Semi-annual    Quarterly    Monthly    Beginning Date: \_\_\_\_\_

## PROPOSED USE OF FUNDS WORKSHEET

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

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

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ACQUISITION       | <input type="checkbox"/> FAÇADE GRANT   | <input type="checkbox"/> PARKING LOT ASSISTANCE       |
| <input type="checkbox"/> AWNING PROGRAM    | <input type="checkbox"/> INTERIOR GRANT | <input type="checkbox"/> SECOND STORY RENOVATION LOAN |
| <input type="checkbox"/> DESIGN ASSISTANCE |   |   |

PROPOSED USED OF FUNDS	ESTIMATED COST
ACQ/DEMO <input type="checkbox"/> Abstracting Fees	\$
ACQ/DEMO <input type="checkbox"/> Acquisition Price	\$
ACQ/DEMO <input type="checkbox"/> Appraisal Fees	\$
ACQ/DEMO <input type="checkbox"/> Attorney Fees	\$
ACQ/DEMO <input type="checkbox"/> Origination Fees	\$
ACQ/DEMO <input type="checkbox"/> Real Estate Agent Fees	\$
ACQ/DEMO <input type="checkbox"/> Recording Fees	\$
ACQ/DEMO <input type="checkbox"/> UCC Filing Fee & UCC Search	\$
<input type="checkbox"/> Awning	\$
<input type="checkbox"/> Brick cleaning & tuck pointing	\$
<input type="checkbox"/> Demolition work	\$
<input type="checkbox"/> Design Fee	\$
<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"/> Landscaping & beautification (required for parking lot)	\$
<input type="checkbox"/> Mechanical systems upgraded/retrofit (must be complete replacement, not repair)	\$
<input type="checkbox"/> Painting of exterior surface	\$
<input type="checkbox"/> Parking lot surfacing	\$
<input type="checkbox"/> Preservation of architectural elements	\$
<input type="checkbox"/> Signage	\$
<input type="checkbox"/> Window/door repair	\$
<input type="checkbox"/>	\$

**Total Estimated Cost** \_\_\_\_\_

**Grant Amount Requested** \_\_\_\_\_

### STATEMENT OF UNDERSTANDING

*As the applicant, I agree to comply with the guidelines and procedures of the Downtown & Commercial 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 & Commercial Incentive Program and undertake the approved improvements.***

\_\_\_\_\_  
Owner Signature (if other than applicant)

\_\_\_\_\_  
Date

**Committee Use Only**

APPLICANT/ADDRESS \_\_\_\_\_

DATE APPLICATION RECEIVED \_\_\_\_\_

DATE OF COMMITTEE REVIEW \_\_\_\_\_

DATE OF COUNCIL APPROVAL \_\_\_\_\_

PREVIOUS GRANT RECIPIENT FOR THIS PROPERTY

YES  NO DATE \_\_\_\_\_

PROGRAM APPLIED FOR

ACQUISITION ASSISTANCE

AWNING PROGRAM

DESIGN ASSISTANCE

FAÇADE GRANT

INTERIOR PROGRAM

PARKING LOT ASSISTANCE

SECOND STORY RENOVATION LOAN

REQUIRED INFORMATION RECEIVED

Business Information

Building Information

W9

Narrative Scope of Work

Design Drawings

Proposed Use of Funds Worksheet

Proof of Ownership

Proof of Payment/Receipts

Applicant Waiver

Owner Waiver

COMMENTS

**Total Estimated Cost** \$ \_\_\_\_\_

**Grant Amount Requested** \$ \_\_\_\_\_

**Grant Amount Given** \$ \_\_\_\_\_

\_\_\_\_\_  
City Manager, City of Manchester

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairperson, Design Committee

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																
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 instructions for Part I, later. 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> , later.	<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: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table>	Social security number																							-				-			
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<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> 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;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> <td colspan="3"></td> </tr> </table>		Employer identification number																							-							
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<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. I am a U.S. citizen or other U.S. person (defined below); and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>	
<b>Certification instructions.</b> 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 for Part II, later.	

<b>Sign Here</b>	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.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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-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, later.*