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APPLICATION DOWNTOWN & COMMERCIAL INCENTIVE PROGRAM



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PROGRAM(S) APPLIED FOR:

- | | | |
|--|---|---|
| <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 | | |

Application must be approved prior to work commencing. 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. Attach additional sheets as necessary.

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 W9 REQUIRED

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

Lot frontage: _____ sf	Parking spaces: _____
Building frontage: _____ sf	Number of storefront(s): _____
Façade faces: <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear	
Building size: _____ sf	Total number of floors: _____
Retail space size: _____ sf	2 nd Story size: _____ sf
Retail space: <input type="checkbox"/> Not occupied <input type="checkbox"/> Occupied, specify _____	
2 nd Story space: <input type="checkbox"/> Not occupied <input type="checkbox"/> Occupied, specify _____	

PROGRAM INFORMATION

ACQUISITION ASSISTANCE

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

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

AWNING PROGRAM

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

DESIGN ASSISTANCE

Design size area: _____ sf
Designer's name: _____ Address: _____ Phone: _____
Designer's previous projects: _____

FAÇADE GRANT

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

INTERIOR GRANT

Expansion of existing retail Remodeling of existing retail

PARKING LOT ASSISTANCE

Landscape Design Required

Total number of proposed spaces: _____ Asphalt Concrete

SECOND STORY RENOVATION LOAN

Proposed use of second story: _____

Documents Required

- Copy of the recorded deed (legal description)
- Personal Financial Statement
- Promissory Note

Loan Security

First mortgage Owner: _____ Loan Amount \$ _____
Second mortgage Owner: _____ Loan Amount \$ _____
Personal guarantee, specify: _____
Mortgage on other property, specify: _____
Other, specify: _____

Loan Payments

All loan payments must be made via Electronic Funds Transfer (EFT).

Annual Semi-annual Quarterly Monthly Date Beginning: _____

Remember to attach scope of work, proposed materials, and design drawings. Proof of payment/receipts will be required prior to release of 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.

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
<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"/> 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"/> Origination Fees (ACQ Grant)	\$
<input type="checkbox"/> Painting of exterior surface	\$
<input type="checkbox"/> Parking lot surfacing	\$
<input type="checkbox"/> Preservation of architectural elements	\$
<input type="checkbox"/> Real Estate Agent Fees (ACQ Grant)	\$
<input type="checkbox"/> Recording Fees (ACQ Grant)	\$
<input type="checkbox"/> Signage	\$
<input type="checkbox"/> UCC Filing Fee & UCC Search (ACQ Grant)	\$
<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 & 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, Downtown & Commercial Incentive Program

Date

