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## APPLICATION DOWNTOWN INCENTIVE PROGRAM



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### PROGRAM(S) APPLIED FOR:

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

*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 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:  Front  Side  Rear

Building size: \_\_\_\_\_ sf Total number of floors: \_\_\_\_\_

Retail space size: \_\_\_\_\_ sf 2<sup>nd</sup> Story size: \_\_\_\_\_ sf

Retail space:  Not occupied  Occupied, specify \_\_\_\_\_

2<sup>nd</sup> Story space:  Not occupied  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

### BLADE SIGNAGE

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

### COMMERCIAL INTERIOR GRANT

Expansion of existing retail    Remodeling of existing retail

### CONVERSION OF 1<sup>ST</sup> 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

***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"/> CONVERSION OF 1 <sup>ST</sup> FLOOR |
| <input type="checkbox"/> BLADE SIGNAGE         | <input type="checkbox"/> COMMERICAL INTERIOR GRANT | RESIDENTIAL TO   |
| <input type="checkbox"/> CONSULTANT ASSISTANCE | <input type="checkbox"/> UPPER STORY RENOVATION    | COMMERICAL   |

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"/> Blade Sign (attach picture)		\$
<input type="checkbox"/> Brick cleaning & tuck pointing		\$
<input type="checkbox"/> Demolition work		\$
<input type="checkbox"/> Consultant 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"/> Mechanical systems upgraded/retrofit		\$
<input type="checkbox"/> Origination Fees (ACQ Grant)		\$
<input type="checkbox"/> Painting of exterior surface		\$
<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 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 \_\_\_\_\_

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

PREVIOUS GRANT RECIPIENT FOR THIS PROPERTY

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

PROGRAM APPLIED FOR

ACQUISITION ASSISTANCE

BLADE SIGNAGE

CONSULTANT ASSISTANCE

FAÇADE GRANT

COMMERCIAL INTERIOR PROGRAM

UPPER STORY RENOVATION

CONVERSION OF 1<sup>ST</sup> FLOOR RESIDENTIAL  
TO COMMERCIAL

COMMENTS

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

Owner Waiver

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

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

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

\_\_\_\_\_  
City Administrator, City of Bellevue

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, JCEA

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date