

City of Green Bay

Commercial Façade Improvement Program Application

A. Applicant Information

Building Owner:

SSN or Tax ID No.

Contact Name:

Address:

City/State/Zip:

Phone:

Fax:

Email:

B. Building Information

Building Name:

Address:

No. of Stories:

No. of Primary (street facing) Facades:

Total Square Feet:

Year Built:

Approx. Market Value:

Space Allocation

Retail %: _____

Office %: _____

Residential %: _____

Other %: _____

C. Proposed Project

1. Describe the proposed "project" in detail. This narrative should describe the same project outlined in the financial details.

2. Project Start Date:

3. Project End Date:

4. Explain why Commercial Façade Improvement Funds are needed to complete the project. Would improvements be made without the assistance or to a lesser degree?

D. Summary of Eligible Improvement Costs

| Proposed Work | Contractor/ Subcontractor | Finish Date | Façade Improvement Costs | Other Costs | Total Est. Cost |
|--|------------------------------|----------------|-----------------------------|----------------|--------------------|
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| | | | | | |
| | | | | | |
| Total Estimated Eligible Project Costs | | | | | |
| Construction Contingency (cannot exceed 10% of construction costs) | | | | | |
| Total Eligible Project Costs with Construction Contingency | | | | | |

E. Summary of Non-Eligible Improvements

Bids for non-eligible work are not required

| Proposed Non-Eligible Work | Contractor/Subcontractor | Finish Date | Estimated Costs |
|----------------------------|--------------------------|-------------|-----------------|
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F. Existing Debt Schedule

Please Furnish information on building -related debts, contracts, notes and mortgages payable.

| Type | Payable To | Loan Amount | Date of Origin | Present Balance | Rate | Maturity Date | Monthly Payment |
|-------|------------|-------------|----------------|-----------------|------|---------------|-----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | Total | | | Total | |

G. Proposed Financing

| Source | Type | Rate | Term | Eligible Costs | Non-Eligible Costs | Total Costs |
|---------------------------|------|-------------|------|----------------|--------------------|-------------|
| Commercial Façade Program | | 2% | | | | |
| Owner Equity | | Minimum 10% | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

H. Application Attachments

Check if submitted. If not submitted, provide an explanation.

| Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Written Bids/Quotes for work to be completed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Design plan or detailed description of work to be completed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Existing building photographs and renderings of finished project. |
| <input type="checkbox"/> | <input type="checkbox"/> | Letters of commitment or proof of other financing. |
| <input type="checkbox"/> | <input type="checkbox"/> | Building Financials. |
| <input type="checkbox"/> | <input type="checkbox"/> | Building Appraisal. |
| <input type="checkbox"/> | <input type="checkbox"/> | Signed Consumer and/or Business Credit Authorization Form. |

I. Applicant Signature

I certify that all information contained in this document and any attachments or exhibits is true and correct to the best of my knowledge.

I understand and agree to meet and/or carry out all the program requirements as outlined by the City of Green Bay.

I authorize the City of Green Bay to research the company's history, research key individual's histories, contact respective financial institutions, obtain credit reports and perform other related activities necessary for the reasonable evaluation of this application.

Signature

Date

Office Use Only

Date of Application Submission

Date of Design Review Board Approval

Date of Loan & Grant Committee Approval

Date of Permit Approval
