

ATCHISON COUNTY DEVELOPMENT CORPORATION
BUSINESS IMPROVEMENT GRANT PROGRAM

BUSINESS IMPROVEMENT GRANT 2.0
2019 APPLICATION

Business Name: _____

Owner Name: _____ TAX ID # or SSN: _____

Mailing address: _____

Physical Address: _____

Phone: _____ Email: _____

Type of Business: Retail Service Other Describe: _____

If making improvements to a leased facility, provide the following information (attach copy of current lease):

Current Landlord: _____ Phone Number: _____

Address: _____

PROPOSED IMPROVEMENTS: Please include (or attach) a description of proposed improvements.

PROJECT EXPENSES: Please provide itemized work estimates for proposed improvements (attach separate sheet if necessary) and provide supporting documentation (i.e., bid paperwork or other vendor statement). Estimates will be used to determine maximum grant amount.

VENDOR	ITEM/SERVICE	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

If a local vendor will not be utilized for this project, provide reasoning.

PROJECT FINANCING

Total cost of project: _____

Amount requested through Business Improvement Grant: _____

Amount to be financed by business: _____

PROPOSED IMPROVEMENTS

Estimated Start Date: _____ Estimated Completion Date: _____

TELL US YOUR STORY - How does your project meet the goals of this grant?

Grant projects will be initially ranked according to how they address ACDC's goals of supporting, growing, preserving and beautifying local businesses. Below is the outline of how grant applications will be ranked. (Examples can be found in the Guidelines document.) Please check the boxes next to each goal if your project will fulfill that goal, and if possible, explain how on the lines below.

- BUY LOCAL

- 100% of goods and services for this project will be purchased locally. [3 points]

OR

- AT LEAST 50% of goods and services for this project will be purchased locally. [2 points]

- GROW BUSINESS

- This project should result in new/enhanced services or additional employees. [4 points]

- This grant project should result in additional traffic/business. [2 points]

- PRESERVE/BEAUTIFY BUILDING

- This project will assist in building preservation. [3 points]

- This project will improve the look of the storefront, facade or property. [2 points]

Once you've quantified the impact of your project to the best of your ability, please tell us the rest of your story. What else do you want us to know about why this project is important and what it means to your business and to our county?

CONDITIONS

1. I (the applicant) have read the guidelines for the ACDC Business Improvement Grant and understand the criteria required for approval of my application.
2. I understand the following process for this grant:
 - Applicant submits an application and supporting documents via mail to the ACDC (c/o the Business Improvement Grant Committee, P.O. Box 243, RP, MO 64482) by February 20, 2019. The committee has authority to accept OR reject application.
3. I acknowledge that this is a grant program and that this application is not a guarantee of funding. In addition, I acknowledge that ACDC may or may not elect to fund a Business Improvement Grant based upon this application purely as a matter of discretion, and that there is no legal right to rely on any previous actions taken on the same or similar applications, or previous actions taken on other applications concerning the same or similar property.
4. I certify that all the information given to ACDC is truthful and has been given freely by me, and further acknowledge that no rights or privileges may be relied on as a part of any application.
5. I understand that work completed prior to grant approval is ineligible for funding.
6. I acknowledge that, should my project be approved, it must be must be started no earlier than March 1, (when I will be notified whether or not I received the grant) and completed with reimbursable receipts submitted to ACDC by October 31, 2019. I understand that this is a reimbursement grant, whereby ACDC reimburses the grant recipient for the amount allotted to them, based on receipts, photographs and/or other assurance of the completion of the project. I also acknowledge that failure to submit the above by October 31, 2019, may result in disqualification.
7. I understand that ACDC may file appropriate IRS documentation as applicable for any funding I receive, and I have provided an accurate Tax Identification Number or Social Security Number for this purpose.
8. I shall be solely responsible for all safety conditions and compliance with all safety regulations, building codes, ordinances, and other applicable regulations. I shall be responsible for maintaining sufficient insurance coverage for property damage and personal injury liability relating to this program.
9. I will not seek to hold ACDC or its employees, officers or directors liable for any property damage, personal injury, or other loss related in any way to this program. I agree to hold ACDC harmless from any liability, injury, claim, expenses and attorney's fees arising out of a contractor, builder or contract for performance of improvements, or repair to buildings and facilities.
10. I authorize ACDC to promote the approved project by displaying signage on site and using photographs and descriptions of the project in ACDC materials and press releases.
11. I acknowledge that the laws of the State of Missouri shall govern the interpretation, validity, performance and enforcement of this application. If any provision of this application should be held to be invalid or unenforceable, the validity and enforceability of the remaining provisions of this application shall not be affected.

Applicant Name (print): _____ Date: _____

Applicant Signature: _____

If the applicant is not the property owner, the property owner or an authorized owner's representative must ALSO review the application and sign below.

As owner of the property at _____ (address), I have reviewed the above application and authorize the operator of _____ (business) at said address to perform the improvements described above as part of the ACDC Business Improvement Grant Program.

Applicant Name (print): _____ Date: _____

Property Owner Signature: _____