

**ATCHISON COUNTY DEVELOPMENT CORPORATION**  
**BUSINESS IMPROVEMENT GRANT PROGRAM**

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**2.0 Grant**  
**2021 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**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 paid for by business: \_\_\_\_\_

## CONDITIONS

(Please check each box to demonstrate understanding and sign as directed below.)

- I (the applicant) have read the guidelines for the ACDC Business Improvement 2.0 Grant and understand the criteria required for approval of my application. I understand that I may submit the completed application and supporting documents via mail ONLY to ACDC (c/o Business Improvement Grant Committee, P.O. Box 243, Rock Port, MO 64482) on or after February 1, 2021.
- I understand that the grant committee has authority to accept, reject OR make further recommendations, and that if rejection occurs, the committee may notify the applicant with recommended changes and allow applicant to resubmit the application.
- 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.
- I understand that work completed prior to grant approval is ineligible for funding.
- I acknowledge that, should my project be approved, it must be completed with reimbursable receipts submitted to ACDC, by October 31, 2021. 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, 2020, may result in disqualification.
- 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.
- I certify that I am in good standing with the State of Missouri and that I am current on all taxes and in possession of valid business/merchant licensure, as required for my business.
- 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.
- 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.
- 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.
- 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.
- I hereby certify that I am a citizen of the United States.
- I acknowledge that the laws of the State of Missouri shall govern 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 remaining application provisions 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: \_\_\_\_\_