

ATCHISON COUNTY DEVELOPMENT CORPORATION
BUSINESS IMPROVEMENT GRANT PROGRAM

2024 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: _____

SELECT GRANT LEVEL: ☐ Basic (\$1,000 max; \$2,000+ project) / ☐ **2.0** (\$2,500 max; \$7,500+ project)

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).

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: _____

PLEASE INCLUDE proof of paid taxes and possession of valid business/merchant licensure, if applicable.

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 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 January 15, 2024.
- ☐ **I have provided documentation that I am current on all taxes and in possession of valid business/merchant licensure, as required for my business.**
- ☐ 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 November 15, 2024. I understand that this is a reimbursed 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 November 15, 2024, may result in disqualification.
- ☐ 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 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 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: _____