

**DOWNTOWN FAÇADE PROJECTS APPLICATION**

CITY OF LUDINGTON

# Downtown Façade

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Community Development

CITY OF LUDINGTON

APPLICATION

**All information must be received via email in an editable electronic format.**

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Dear Business/ Property Owner,

Thank you for your interest in the Façade program. Below you will find the information needed to prepare your application. This information will be used to submit your proposal to the Michigan Economic Development Corporation for funding consideration. Please do not submit your proposal until it is complete. The information provided in this application cannot be changed or altered once it is submitted to the MEDC.

Please also note that ***no portion of the project can begin*** until all pre-applications, applications, environmental reviews, and release letters have been completed and received by the City of Ludington. You will be notified of those dates as the project progresses. This means that no purchases can be made, contracts signed or funds committed for the interior or exterior, until you are instructed by the Community Development Director.

Architectural renderings are required for your application. Complete architectural renderings, work specifications and certified cost estimates must be submitted with this application. Architectural renderings are NOT allowable match items. Work specifications must be provided by a licensed engineer, architect or contractor. There are no exceptions to this requirement. Work specifications and bids or estimates must match exactly dollar for dollar. A contingency fund can be applied to the project costs at an acceptable rate. This contingency does not need to be listed in the contractor estimate.

Interior improvements are allowed as match dollars for the project. All aspects of the project both interior and exterior are subject to Davis Bacon Wage requirements. All contractors selected to work on projects must abide by all federal requirements of the project.

PLEASE NOTE: The process from submitting your information to construction can take anywhere from 6-12 months to complete. Various requirements must be met in order for funds to be released. If this timeline does not meet your need for improvement, please do not proceed with submitting an application.

All applicants will be required to attend a mandatory meeting with the MEDC Field representative for our area and the City of Ludington Community Development Director. Once your application is submitted to the City, it will be reviewed by the Community Development Director for accuracy, completion, and allowable renovations. Any changes necessary to the proposal must be completed prior to your project being submitted to the MEDC.

Please sign this form noting that you have read and understand these basic requirements. Failure to follow these requirements will result in exclusion from the program.

Property Owner: \_\_\_\_\_

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## **FACTS ABOUT THE FAÇADE PROGRAM:**

**Screening Guidelines.** Downtown Façade projects will be measured as to their ability to meet each of the following:

- **National Policy Objective** – Proposed projects are expected to meet the national objective of either benefiting a population of individuals of whom at least 51% reside in low to moderate income households or projects that will result in the creation of full-time equivalent (FTE) jobs of which at least 51% of the created jobs will be held by low to moderate income persons. Preference will be given to projects with job creation commitments.
- **Project Type** – Specific parcels of commercial/mixed-use property must be identified. Projects will be located in a traditional downtown, must be located in a DDA or other like-district and all projects must meet the Secretary of Interior’s Standards for Rehabilitation.
- **Matching Funds** – Funding priorities will be given to communities with the highest percentage of local matching funds (committed funds only), but all communities must contribute a minimum of 25% of the total project costs.
- **Project Selection** – Priority will be given to communities that currently have an existing façade program and demonstrate that the project is located in a strategically valuable location of the traditional downtown.
- **Project Provisions** – All project beneficiaries must agree to abide by a five year restricted resale and reuse provision policy that is formally identified with the grant documents.

## **PROPERTY OWNERS:**

- You must create 1 full-time equivalent job for a maximum of every \$20,000 requested. However, MEDC will give priority to those only requesting \$10,000 per full-time job created.
- You must commit 25% of the cost of the exterior improvements of the building. Interior match is permitted, however contractors need to meet Davis Bacon, prevailing wage determinations.
- You must abide by a 5 year restricted sale and reuse provision.

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## **APPLICATION ATTACHMENT REQUIREMENTS**

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Please use this checklist to ensure all components of the Pre-Application are included.

- Project Budget **PLEASE NOTE:** this must be a detailed line item budget. Once submitted, figures cannot change.
  - Attachment 3 (Estimated Employment Creation and/or Retention Form).
  - Attachment 4 (Documentation of Benefit to Low and Moderate Income Persons Form).
  - High resolution before pictures in color as well as architectural renderings or pictures in color illustrating what the building will look like after project completion.
  - Preliminary engineering estimates (Question 10).
  - Documentation of availability and commitment of all committed matching funds (Question 11).
  - Audited Financial Statements (Question 13g).
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<b>COMPANY</b> (Needed for each company. Please request additional forms.)		<b>COMPANY CONTACT</b> (Needed for each company. Please request additional forms.)	
<b>Business Entity Legal Name</b>		Contact Name	
Street Address		Contact's Title	
City, State, Zip		Telephone Number	
Company DUNS #		Fax Number	
SIC #		<b>E-mail Address</b> (required)	
<b>Property Owner</b> (if different than business)		Contact Name	
Street Address		Telephone Number	
City, State, Zip		Fax Number	
<b>Email Address</b> (Required)			
Department of Energy, Labor and Economic Growth (DELEG) Corporation six digit ID Number ( <a href="#">DELEG URL</a> ) or County registration.			
NEW AND EXISTING JOBS			
Existing number of permanent FTE jobs		Lowest starting hourly wage (new jobs)	\$
Average hourly wage of existing	\$	Average starting hourly wage (new jobs)	\$
No. of permanent FTE jobs expected to be		List of fringe benefits provided (new jobs):	
No. of permanent FTE jobs expected to be held by low/mod income persons			

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## **REQUIRED INFORMATION**

1. Provide the contact information and experience for your Engineer or Architect. **PLEASE NOTE: Incurring project costs and/or starting project activities prior to written authorization will jeopardize or cause the withdrawal of your project for funding consideration.**

## **PROJECT INFORMATION AND DESCRIPTION (ALL PROJECTS)**

2. Provide the address, property owner, and business owner of each façade, along with a description of the interior and exterior redevelopment of each address. The description should include but may not be limited to property/easement acquisition, demolition, and/or construction for which the façade grant and other matching funds will be used.

3. Attach a Project Budget. Include all funding sources and identify all project activities.

4. Describe the basis and methods used for determining the costs of each proposed work activity. Provide justification on the sizes, quantities, and qualities of the façade improvements. For construction activities, provide preliminary engineering estimates with material detail. Submit architects/engineers estimate or quotes from contractors.

5. Identify the sources of the matching funds necessary to complete the project. Provide documentation of the availability and commitment for all matching funds, both local and other matching funds.

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## **COMPANY INFORMATION (FOR ALL PROJECTS)**

**PLEASE NOTE:** Question 13 (a-g) is needed for each company involved in the project regardless of whether or not the project is being based on job creation or area benefit. Please request additional forms if you have more than one company involved.

6. Describe the private company(ies) involved in the project.

a. The type of business, product manufactured and/or services provided by the company.

b. How long the company has been in business.

c. Is the company registered to do business in the State of Michigan? If not, please register at the following website:  
[http://www.michigan.gov/dleg/0,1607,7-154-35299\\_35413\\_40269---.00.html](http://www.michigan.gov/dleg/0,1607,7-154-35299_35413_40269---.00.html)

Submit documentation to verify the company's registration.

If the company is not registered with the State of Michigan, please describe and attach proof that the business is registered with the county.

d. The company's major customers.

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e. The company's expansion plans.

f. If the company is or will be a tenant at the project location, please provide the property owner's legal name and contact information.

g. Attach Audited Financial Statements (3 years) or Compiled Financial Statements (3 years). If statements are not available, please contact your CATeam Specialist for alternatives.

## **NATIONAL OBJECTIVE**

**PLEASE COMPLETE QUESTIONS 14 AND 15 *OR* QUESTION 16**

**FOR JOB CREATION PROJECTS ONLY (QUESTIONS 14-15)**

7. Explain why the façade improvement activities are necessary for each company's expansion.

8. Explain each company's job creation and benefit to low and moderate income persons.

## **COMPLIANCE ISSUES**

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<b>ATTACHMENT 3</b>				
<b>ESTIMATED EMPLOYMENT CREATION AND/OR RETENTION FORM</b>				
Applicant:		Project Title:		
Employment Category	Present Employees (number)	Jobs Created During Project Period (number)	Jobs Retained During Project Period (number)	Wage Rates (Created Jobs Only)
Managerial				
Professional				
Technical				
Sales				
Clerical				
Craftsmen*				
Operators**				
Laborers***				
Service Worker				
Totals				
*Skilled **Semi-Skilled ***Unskilled				
Authorized Company Official				
Certification is made that the above data is the most accurate available based on current information and knowledge.				
Signature:				
Name		Title		Date
INSTRUCTIONS FOR COMPLETION OF ESTIMATED EMPLOYMENT CREATION/RETENTION FORM				
Employment numbers should be permanent, full time (or equivalent) private sector jobs.				
Employment retained means the number of employees retained as a result of the CDBG funded project and which would not otherwise occur in the absence of the project.				
Employment Categories are defined as follows:				
<ul style="list-style-type: none"> <li>a) Managerial – occupations requiring administrative personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments of special phases of a firm’s operations.</li> <li>b) Professional – occupations requiring either college graduation or experience of such kind and amount as to provide a comparative background.</li> <li>c) Technical – occupations requiring a combination of basic scientific knowledge and manual skills which can be obtained through approximately two years of post high school education, such as is offered in many technical institutions and junior colleges, or through equivalent on-the-job training.</li> <li>d) Sales – occupations engaging wholly or primarily in sales.</li> <li>e) Clerical – includes all clerical-type work regardless of level of difficulty, where the activities are pre-dominantly non-manual.</li> <li>f) Craftsman (skilled) – manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work; exercise independent judgement and usually require extensive training.</li> <li>g) Operators (semi-skilled) – workers who operate machines or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require limited training.</li> <li>h) Laborers (unskilled) – workers in manual occupations which generally require no special training.</li> <li>i) Service worker – all workers in service type industries.</li> </ul>				

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## **ATTACHMENT 4**

### **DOCUMENTATION OF BENEFIT TO LOW AND MODERATE INCOME PERSONS FORM**

The applicant and company agree that # \_\_\_\_\_ jobs will be created as a result of this project and that at least 51% of the jobs will be held by, or made available to, low and moderate income persons. Each party recognizes that the purpose for making an application for a CDBG grant is to create employment opportunities benefiting low and moderate income persons. Each party recognizes that should **job creation** goals for low and moderate income persons not be met, the project shall fail to qualify under the low and moderate income national objective. Each party recognizes that the State retains the right to require the applicant or the company to repay the full amount of any grant funds awarded should the project fail to qualify under this national objective.

#### **Authorized Governmental Official**

**Signature:**

**Name**

**Title**

#### **Authorized Representative of Company**

**Signature:**

**Name**

**Title**