**BARTON COUNTY**

 **and the**

**PARTICIPATING CITIES of CLAFLIN, ELLINWOOD and HOISINGTON**

**Facade Improvement Grant Application**

**25% match required**

ELIGIBILITY

* Applicants must be the property owner or business tenant and in good standing with the government and local authorities.
* The building must be located in a defined district, as determined by Barton County. That area may include the “downtown areas” of Claflin, Ellinwood, Great Bend and Hoisington and those businesses within “eye shot” of same. Please refer to the maps found under the Façade Improvement Grant tab under “Living in Barton County” on the County’s website – [www.bartoncounty.org](http://www.bartoncounty.org).
* Funds are for existing street-facing commercial properties in the defined community downtown areas of Claflin, Ellinwood, Great Bend, and Hoisington, Kansas.
* This program gives priority to retailers and restaurants.
* Funds may not be used for work begun before receiving a Grant Award Letter and Grant Agreement from Barton County.
* No more than one property, per application.
* No more than three properties, per year, per owner(s), and shareholders.
* Tax exempt properties are not eligible for the FIG program.
1. APPLICANT

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner \_\_\_ Tenant \_\_\_ If Tenant, Date of Lease Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building exterior linear feet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If you are not the property owner, you are required to submit a letter with the property owner’s written approval of this application and project design. The letter must also include the property owner’s complete contact information.

1. BUSINESS (if the building is occupied by a business)

Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business structure

|  |  |  |  |
| --- | --- | --- | --- |
|  | Limited Liability Company (LLC) |  | C Corporation |
|  | Limited Partnership |  | Sole Proprietorship |
|  | Partnership |  | Nonprofit Organization (not eligible)  |
|  | S Corporation |

\_\_\_\_ Yes. Property taxes are paid and are current on the subject property.

\_\_\_\_ No. If the subject property is tax exempt from property taxes, the property is ineligible for the FIG program.

Number of Employees

|  |  |  |  |
| --- | --- | --- | --- |
| Full |   | Part |   |

Date Business Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Year Average # of Customers per Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Year Average Gross Sales per Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business category type (retail & restaurant are priority)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Retail (clothing, shoes, boutiques, gifts, groceries)  |  | Wholesale (distributor, go-betweens, resells in smaller batches to retail)  |
|  | Restaurant (coffee house, bakery, take & bake, convenient food, steakhouse) |  | Manufacturing (sales to retail, industrial parts)  |
|  | Service (medical, banking, accounting, package delivery, landscaping, dentist)  |

Describe what types of goods and services the business provides:

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

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

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1. Project Design

Please attach the following:

 Project narrative must describe the following:

* How the building is currently being used
* Why the update is necessary
* Define the project area
* Describe the scope of work to be completed
* Explain Colors, styles, and design concepts
* Other pertinent information.

 Photos of the front of the building’s exterior, including problem areas that will be renovated. JPGs of photos are to be emailed to dwatson@bartoncounty.org.

 Quote for all project expenditures from a Barton County licensed contractor(s) and vendor(s). If you are not able to secure a Barton County contractor or vendor for your project, provide a thorough explanation as to why not.

 Samples of products and depictions of the finishes and products that will be used in the façade improvement.

Project Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Finance

Please attach the following

 Completed W9 as Barton County is required to file informational returns (Form 1099-G) for entities receiving funds.

 Proof of property insurance to ensure the building has protection against most risks.

Funding Structure and Maximum Projects per Community

|  |  |  |  |
| --- | --- | --- | --- |
| **CITY** | **CONTRIBUTION** | **Total Funding Available** | **Maximum Number of Projects** |
| Participating – Claflin, Ellinwood and HoisingtonNon Participating – Great Bend | City | County | $20,000 maximum per project for locations in participating Cities / $10,000 for same in non-participating Cities | 12 |
|  |
| Claflin | $020,000 | $020,000 | $040,000 | 2 |
| Ellinwood | $020,000 | $020,000 | $040,000 | 2 |
| Great Bend |  | $060,000 | $060,000 | 6 |
| Hoisington | $020,000 | $020,000 | $040,000 | 2 |
|  |
| TOTAL | $060,000 | $120,000 | $180,000 | 12 |

Complete the below Budget Overview

|  |  |  |
| --- | --- | --- |
| VENDOR NAME | DESCRIPTION | AMOUNT |
| *(ABC Company)* | *(electric, masonry, awning)* | *(must match grant amount)* |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| Total | $ |

No more than twenty-five percent of the award may be used toward signage. No more than twenty-five percent of the award may be used toward windows. Applicants are encouraged to use more than fifty percent of the award toward visual impact.

Participating Cities – for projects in the Cities of Claflin, Ellinwood and Hoisington:

Total Project Costs (must match Budget Overview total): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Amount Requested ($20,000 max): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For projects in the City of Great Bend:

Total Project Costs (must match Budget Overview total): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Amount Requested ($10,000 max): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Authorization

All information in this application and all information furnished in support of the application is given for the purpose of obtaining a grant from the Barton County’s Façade Improvement Grant program. The application is true and complete to the best of my knowledge, and I have read and fully understand the requirements of the program. If funded, photos and information pertaining to the award may be used to advertise the program and communicate information to the public.

1. Notices.

The County may waive grant requirements under unique circumstances as it sees fit.

Funding is available until program funds are depleted.  Barton County reserves the right to alter, amend or discontinue the program at any time without written notice.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remit application to:

Barton County Façade Improvement Grant

Diana Watson, Administrative Assistant

1400 Main, Room 107

Great Bend, Kansas 67530

620.793.1800 / dwatson@bartoncounty.org