

City of Marengo



LOCAL BUSINESS SUPPORT PROGRAM

Application for Downtown (C-1) District Grants: Commercial Exterior Grant, Area Acquisition Assistance Grant, Sign Grant

Applicant Information	
Name of Applicant	Click or tap here to enter text.
Applicant Address	Click or tap here to enter text.
City, State & Zip	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Email	Click or tap here to enter text.
Application Date	Click or tap here to enter text.
Applying for? (check ALL that apply)	<input type="checkbox"/> Exterior Grant <input type="checkbox"/> Area Acquisition Assistance <input type="checkbox"/> Sign Grant
Building Information	
Name of Business/Building	Click or tap here to enter text.
Building Street Address	Click or tap here to enter text.
City, State & Zip	Click or tap here to enter text.
Does the Applicant Own the Building?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If NO, you must attach a letter from the owner stating project approval.</i>
Will this project correspond with a change in the building's use?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please describe below.</i> Click or tap here to enter text.
Project Description	
Describe your project, including a list of proposed building materials to be incorporated into the project, signage type, awning type, color scheme, paint scheme, window type, architectural changes/restoration, metal/siding removal, painting prep methods, re-pointing and cleaning of brick, sidewalk repairs, and any other information that would be beneficial. ALSO, please include a separate attachment(s) of any sketches, plans or other graphic illustrations you may have of the proposed improvements.	
Click or tap here to enter text.	

General Project Information	
Project Start Date	Click or tap here to enter text.
Project Completion Date	Click or tap here to enter text.
Have you consulted with a Contractor?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please provide name of contractor.</i> Click or tap here to enter text.
Have you consulted with an Architect?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please provide name of architect.</i> Click or tap here to enter text.

Project Costs		
Provide a detailed cost breakdown of each bid by major categories, such as awning, painting, repair, carpentry, electrical, etc. Project bids must be attached.		
EXPENSE CATEGORY (painting, awnings, etc.)	EXPENSE TYPE (material/labor)	ESTIMATED COST
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
		Estimated COST Total: Click or tap here to enter text.

Application Submission Check List

- USE THIS CHECKLIST TO ENSURE THAT ALL ITEMS NECESSARY TO APPLY FOR THE MARENGO LOCAL BUSINESS SUPPORT PROGRAMS HAVE BEEN COMPLETED BEFORE SUBMITTING YOUR APPLICATION:**
- YES NO Owner(s) and tenant(s) both agree with the proposed projects. If applicant is a building tenant, building owner must sign here, indicating approval: _____
 - YES NO Project design ideas have been submitted in written format with color schemes and drawings where available. This includes any structure work or repair, paint colors, awnings, signage, etc.
 - YES NO Applicant has followed the Iowa Economic Development "Downtown Design Guide" where applicable.
 - YES NO Applicant has provided cost estimates/bids of all proposed work with itemized estimates.
 - YES NO Applicant agrees to submit all paid receipts at the completion of the project
 - YES NO Applicant has followed the City of Marengo code requirements.
 - YES NO Applicant has complied with the requirements of this program as outlined in the Marengo Local Business Support Program. Applicant understands any deviations from the agreed upon project plan may disqualify their business/building from receiving reimbursements.
 - YES NO Applicant understands that the policies, procedures and incentives of the Local Business Support Programs may be revised at any time without prior notice by the City of Marengo who also retains the exclusive right to change, add to, eliminate, or modify the requirements and the incentives at any time at its discretion, with or without notice.

Signatures

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Application Fee: \$0 if a MarenGO Member \$100 if Not a MarenGO Member _____ City Application #

Submit Application to: CityofMarengo@marengoiowa.com or 153 E. Main, Marengo, IA 52301 (319) 642-3232