

Date Application Submitted:



Grand Island Downtown Business Improvement District Rental Assistance Program

A partnership between the City of Grand Island and the Downtown Business Improvement District has made this program possible. The Rental Assistance Program will provide grant support in the form of rent abatement.

Part I. GENERAL INFORMATION

APPLICANT IDENTIFICATION

Company Name:

Federal Tax ID number:

Mailing Address:

City: State: Zip Code:

Phone:

Applicant Website:

Business Classification (select all that apply):

- | | | | |
|---------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Expansion of Existing Business | <input type="checkbox"/> Spec Building | <input type="checkbox"/> Other |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Proprietor | <input type="checkbox"/> Other |

Is this the business's first venture in Grand Island / Hall County? Yes No

Is this the business's first venture in Nebraska? Yes No

Does the business have a parent or subsidiaries? Yes No

If yes, Name of Parent or Subsidiary Company:

Mailing Address:

City: State: Zip Code:

MAIN CONTACT INFORMATION

Name:

Connection to Business:

Mailing Address:

City: State: Zip Code:

Email Address: Phone Number:

Company Name:

Projected Completion Date:

Date Application Submitted:

Part II. PROJECT INFORMATION

LOCATION

Address of proposed project (if different from address above):

The proposed project is located:

- Within Blighted & Substandard Area #1
- Outside Blighted & Substandard Area #1

Do you currently own the building of the proposed project: Yes No
If no, please list name of building owner:

JOB CREATION

Current number of full-time employees at Grand Island location:

Number of new positions being created at Grand Island location:

On a separate document, identify the employment positions being added, number of employees per position, and wage per position.

Supporting documentation submitted: Yes No

Describe any benefits packages available to new employees:

PROJECT INVESTMENT

Land purchase price: \$

New facility construction expense: \$

Building purchase / renovation expense: \$

Other infrastructure improvements: \$
(parking lot, curb & gutter, landscaping, etc.)

New machinery/equipment expense: \$

Other: \$

TOTAL INVESTMENT: \$

Company Name:

Projected Completion Date:

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SUPPORTING DOCUMENTATION

Please include the following documents as attachments to the Rental Assistance Program application. The documents below must be submitted with your application to be considered complete. These documents will only be viewed by the Business Improvement District Economic Vitality Committee and the City Community Development Administrator

Check List:

- Application
- Federal Tax ID Number
- Duns Number
- SAM Number (System for Award Management – To be able to receive federal grant funds)
- Business plan & Pro Forma
 - Includes Hours of Operation
- Job Creation Document
- Proof of lease agreement, outlining no less than 24 months in proposed location
- Includes Rent Rates
- Landlord Letter of Commitment
- Bylaws/operating agreement/partnership agreement
- Copies of material contracts, including but not limited to loan/financing documents
- Proof of Business and facility insurance
- Budget(s)
 - Operating Budget
 - Renovation Budget (If Applicable)
- Financial statements, if applicable
- Brief resume of management team to be placed in Grand Island

Company Name:

Projected Completion Date:

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PART III. SIGNATURES

I hereby represent, this application and supporting information is accurate, and may be relied upon by representatives of the City of Grand Island and the Business Improvement District.

I further represent that there is no legal action underway or being contemplated that would impact the capacity of this company to effectively proceed with this project.

Dated this _____ day of _____, 20____.

By: _____

Its: _____

As the Executive Director of the Grand Island Business Improvement District, I hereby represent that I have received and reviewed this application and its supporting information requesting the Rental Assistance Program funding.

Dated this _____ day of _____, 20____.

By: _____

Its: _____

Company Name:

Projected Completion Date:

Date Application Submitted:

PART IV. APPROVAL PROCESS

Reviewed by the Business Improvement District - Economic Vitality Committee

Date of review:

Comments:

Approved

Disapproved

Signature of Chairman: _____

Reviewed by the Business Improvement District - Board of Directors

Date of Review:

Comments:

Approved

Disapproved

Signature of Board President: _____

Company Name:

Projected Completion Date:

Rubric for Rental Assistance Program

Business Name: Phone:		Primary Contact: Email:			
		(4 Points)	(3 Points)	(2 Points)	(0-1 Points)
Application		<input type="checkbox"/> Includes all required information <input type="checkbox"/> Extremely high quality across all areas: business plan, funding sources & marketing plan	<input type="checkbox"/> Includes all required information <input type="checkbox"/> Moderate quality across all areas: business plan, funding sources & marketing plan	<input type="checkbox"/> Includes all required information <input type="checkbox"/> Provides information but not sufficiently clear: business plan, funding sources & marketing plan	<input type="checkbox"/> Includes all required information
Impact		<input type="checkbox"/> Described how the business will have a direct impact to Blight Substandard Area #1	<input type="checkbox"/> Has a clear description of a high impact opportunity	<input type="checkbox"/> Good impact on a small number of People	<input type="checkbox"/> Impact limited or unclear
Sustainability		<input type="checkbox"/> Realistic plan showing how the business will impact employees and stakeholders and sustainability over time. <input type="checkbox"/> Thorough Business Plan and Funding sources.	<input type="checkbox"/> Clear, Compelling and reasonable implementation plan <input type="checkbox"/> Long Term Lease Agreement (36+ months)	<input type="checkbox"/> Provides some information but not sufficiently clear. <input type="checkbox"/> Permanent Foundation Occupancy Certificate	<input type="checkbox"/> No implementation or sustainability plan <input type="checkbox"/> 12 + Month Lease Agreement
Budget		<input type="checkbox"/> Detailed Operating Budget <input type="checkbox"/> Itemized list of costs <input type="checkbox"/> Detailed list of renovations needed	<input type="checkbox"/> Complete Operating Budget <input type="checkbox"/> Detailed list of renovations needed	<input type="checkbox"/> Complete Operating Budget	<input type="checkbox"/> No documentation or <input type="checkbox"/> Limited Budget
ELIGIBILITY SCORE:		(A score of 10 points or higher is a requisite for eligibility. Funds may be allocated on a curve if multiple applications are considered).			
BONUS		Points			
Review & Letter of Recommendation		<input type="checkbox"/> Review and letter of recommendation exceeds expectations (2)	<input type="checkbox"/> Review and letter of recommendation is suitable (1)		<input type="checkbox"/> Portions are missing or <input type="checkbox"/> The business is not a suitable choice (0)
36 Month Commitment		<input type="checkbox"/> Lease commitment of 36 months. (1)			<input type="checkbox"/> Does NOT have an additional lease commitment. (0)
Project determined to a catalyst			<input type="checkbox"/> The Business meets at least 2 or more of the areas of the desired criteria. (2)	<input type="checkbox"/> The Business meets at least 1 of the desired criteria (1)	<input type="checkbox"/> The Business does not meet any areas of the desired criteria and is not a suitable choice. (0)

Eligibility Score _____ + Bonus Points _____ = Final Score _____