

Bloomington Urban Enterprise Association



Historic Façade Grant Application

Return to:

Showers City Hall, Room 130
401 N. Morton
P.O. Box 100
Bloomington, IN 47402
(812) 349-3805

Historic Façade Grant Program Application

The information collected below will be used to determine whether the project qualifies for funding by the Bloomington Urban Enterprise Association. All information will be kept confidential.

Applicant Information:	
Applicant (include the names of all partners):	Phone:
Applicant Address (include Zip Code):	
Address of the Property to be renovated (include Zip Code):	
Ownership: Individual Partnership Corporation (Specify: _____) Non-Profit Organization Association (Specify: _____)	
Federal ID No.: _____	
Year of incorporation: _____ Length of time at this location: _____	
Contact Person: _____ Tel: () _____	
Please give a brief description of your business/organization:	
Have you participated in any Zone tax incentives? Yes No	
If so, which ones?	
Requested amount of BUEA funds \$	
Project Description:	

*Please include drawings or photographs illustrating proposed changes to the façade.

Economic Impact:

Total number of jobs at location: _____ Number of new jobs added from project: _____

Are the new jobs: FT (# _____) PT (# _____)

Average management/professional staff wage: _____ Average service staff wage: _____

Average wage for new jobs: _____

Do these new jobs have benefits: Yes No

Please describe:

Please estimate how BUEA funds will be spent: Total Façade Cost: \$ _____ BUEA Funds Requested: \$ _____ Project Balance: \$ _____ Source for Funding: _____ Loan: \$ _____ Cash: \$ _____ Site improvements: \$ _____ Other (describe): \$ _____	Do you have clear title to the property? Yes No
	Total Estimated Cost of Overall Project:
	Estimated construction start date:
	Estimated construction completion date:
	Do you have access to an older or archival photograph of the building? Yes No

Have you discussed this project with the City Planning Department? If yes, please attach copy of approval letter. If no, please specify date of meeting.
Yes No (Meeting date: _____)

Is this property historically eligible?
Yes No

Have you hired a contractor?
Yes No If yes, who? _____ Address: _____

Will the contractor or subcontractors be Zone businesses?
Yes No If yes, list: _____

Have you contacted and worked with the HAND Historic Preservation Program Manager in order to produce an appropriate restoration/rehabilitation plan for the façade?
Yes No

Have you received funding for façade rendering through the Historic Preservation Commission? Yes No
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The following must be included for submission:

- Completed application with signatures and dated
- Copy of Deed to property, if applicable
- Offer to Purchase, if applicable
- Exterior drawing or rendering of proposed work
- Project specifications/work write up with estimates
- Zoning compliance/approval letter, if applicable
- Pro Forma Operating Budget
- Project Timeline

I hereby certify that the information provided in this application and supporting documentation is given for the purposes of obtaining financial assistance from the Bloomington Urban Enterprise Association (BUEA) and is true and complete to the best of my knowledge.

Applicant

Date

Applicant

Date