

CITY OF TOPPENISH



“Where the West Still Lives”

DOWNTOWN REVITALIZATION PROGRAM GRANT APPLICATION FORM

PROJECT INFORMATION

Street Address		Cross Street
Assessor's Parcel No's		
Applicant Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone:		Mobile Phone:
Fax:		Email:

Property Owner Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone:		Mobile Phone:
Fax:		Email:

Tenant Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone:		Mobile Phone:
Fax:		Email:

PROJECT DESCRIPTION

1. Describe the proposed improvements/alterations:

2. What is the total cost of the improvements proposed under the Facade Improvement Grant Program? *(The City will consider up to 50% of eligible expenses as the basis for a grant subject to availability of funding).*

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3. Will the project be completed in more than one phase (i.e. you will request grants paid separately for more than one phase). Please note that building permits must be finalized for each phase prior to payment of any grant for that phase.

Yes No

4. Provide a numbered itemized list of the project components location and maximum estimated Cost. Attach additional tables using the same format if necessary. The elevation relates to the side of the building. Site location relates to the location on the property in sufficient detail so set backs can be determined.

Item No.	Improvement or Work	Elevation or site location (North, South, East, West)	Maximum Estimated cost	Phase Number (1,2,etc.) if the project/grant is proposed to be phased

5. How does the proposed project contribute to the improvement of the City physical image?

6. Are any other improvements or changes to the building or site not included as part of this application proposed?

Yes No If Yes, please explain:

7. What year did the current owner purchase or take possession of the property?

8. The following information must be also submitted with the application following your initial meeting with Agency staff. You are encouraged to consult with architects and other professionals prior to presenting proposals. The Design Review Board will make recommendations with respect to your proposal but is not responsible for designing the proposal. You may present several alternatives such as alternative color palettes for consideration.
- A. Cost estimates or bids for improvements or portions thereof proposed under the program. Cost estimates must be itemized and be referenced to the list of proposed improvements.
- B. Completed IRS Form W-9 (Request for Taxpayer ID Number and Certification)
- C. Existing and Proposed Work

General:

- 3 full-size sets of all plans rendering or documents showing proposed work. One full size set must be in color if relevant to the project.
- 5 reproducible set of reduced size plans and graphics, 8.5 x 11 or smaller with modified scale or dimensions. One reduced set must be in color if color is relevant to the project.
- All documents to be legible, folded to 8.5 x 11 or smaller, collated into sets.
- All documents to include applicant and preparer name and contact information
- All maps and graphics to include North arrow and scale or dimensions
- All plans drawings or details drawn to scale

Site Plan: Property lines and adjoining streets with names.

Photographs: (accommodation can be made if you do not have a camera)

- Color photographs of existing elevations and relevant site elements from public vantage points (please take photos at times of day when all elements can be clearly seen). The program is limited to grants for elevations and aspects that improve the visual appearance of the city.
- Color photographs of all existing elements proposed to be modified, so that the design and condition of the elements can be clearly seen.

Landscape Plan (if landscape alterations are proposed):

- Location of existing vegetation by type, designating vegetation to be removed
- Location and approximate lot coverage of proposed vegetation at maturity, including tree canopy coverage.
- Legend with common and scientific names for all proposed trees shrubs and ground covers.
- Treatment of all other areas proposed to be modified not occupied by structures or landscape.
- Location and design of any other related proposed elements.
- Location and type of irrigation system.

Building Elevations and Story Board:

- Elevations for front side and rear views of all elements proposed for modification.
- Location type and specifications of all lighting standards including coverage.
- Description of building and roof materials.
- Paint types colors and other descriptive samples for walls trim roof etc.
- One set of elevations must be in color.
- Submit one large story board with materials colors and samples.

Other Exterior Details:

- Elevations, materials, colors and other details of any other site elements proposed to be improved

ACKNOWLEDGEMENTS

1. **IMPORTANT TAX LIABILITY INFORMATION:** You are urged to consult your tax advisor concerning the taxability of grants. The City of Toppenish is not responsible for any taxes that may be imposed as a result of your receipt of this grant payment directly or indirectly. Grants in excess of \$600 may be reported on IRS Form 1099. A completed Form W9 (Request for Taxpayer ID Number and Certification) must accompany the application to help determine if a Form 1099 will be issued by the City of Toppenish.
2. I/we certify that to the best of my knowledge the information in this application and all plans is true accurate and correct and that this application is being made with my consent. I understand that misrepresentation of factual information may invalidate development entitlements granted by the City of Toppenish and disqualify the project from participation in the Façade Improvement Program notwithstanding any expenses or obligations incurred.
3. I/we certify that I am the owner of the real property which is the subject of this application or that I am duly authorized to represent said property owner in this matter. I/we acknowledge that the applicant is responsible for notifying city staff if notification information has changed.
4. I/we certify that I have read understand and agree to abide by all terms and requirements of the Façade Improvement Grant Program Guidelines and Step-by-Procedures for Façade improvement Grant Program, Attachment A, and I/we agree to comply with specific design recommendations of the Design Review Board and requirements of the Finance Review Committee.
5. I/we understand that work shall not begin until the application has been approved by the Design Review Board and Finance Review Committee and ail required permits (building, site development permit, signs, etc,) have been approver/issued and the cost of work performed prior to these actions will not be eligible for a grant by the City. I/we understand that detailed cost documentation (invoices, receipts, cancelled checks, contractor’s waivers of liens, copies of required permits, photographs of completed improvements, etc.) must be submitted upon completion of program improvements prior to payment of a grant.
6. I/we agree to maintain all improvements made under this Program consistent with the condition of the improvements at the time of completion of the project.
7. I/we acknowledge that it is the responsibility of the applicant and owner to be aware of and abide by City laws and policies and decisions affecting this Program and development within the City of Toppenish
8. I hereby authorize employees of the City of Toppenish Planning Commission and Finance Review Committee to enter upon the subject property as necessary to inspect the premises and process this application.
9. I/we agree to defend indemnify release and hold harmless the City its agents, officers, attorneys, employees, boards and commissions from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul the approval of this application. This indemnification shall include but not be limited to damages costs expenses attorney fees or expert witness fees that may be asserted by any person or entity including the applicant arising out of or in connection with the City action on this application whether or not there is concurrent passive or active negligence on the part of the City. If for any reason any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction the remainder of the agreement shall remain in full force and effect.

SIGNATURES: I/we certify that I have read understand and agree with the nine (9) Acknowledgements above.

Applicant _____ Date_ _____
Owner _____ Date_ _____
Other _____ Date_ _____

ATTACHMENTS Completed IRS Form W-9 (Request for Taxpayer ID Number and Certification)

Has the Business been profitable the last two (2) years? (Check one) Yes No

Profit *before* Taxes the last two (2) years:

Year Profit Reported \$ Depreciation Expenditure \$

Year Profit Reported \$ Depreciation Expenditure \$

Authorized Signatory First Name		MI	Last
Authorizing Signatory Title			
Home Address			Apt. No
City	State		Zip
Authorizing Signatory Social Security Number:			
Business Phone	Cell Phone	Fax	

Has the Business ever filed Bankruptcy? (Check one) Yes No

Have you *personally* ever filed Bankruptcy? (Check one) Yes No If yes, when

Are there any known issues with your Credit? (Check one) Yes No If yes, please explain:

Your signature certifies that you are authorized to execute the Application for the business named, and that all information submitted is true and correct. Your signature also authorizes the City of Toppenish to obtain consumer and/or business reports, including inquiries to the Internal Revenue Service, in their names as individuals at any time. The authorized signatory further agrees to notify the City of Toppenish promptly of any material change in any such information.

In addition, your signature also serves as authorization for release of information. This authorization may be sent to banks, credit accounts, and vendors. Such information may include, but may not necessarily be limited to credit histories and balances, employment verification, and account deposit histories and balances.

On behalf of the Company and myself I agree on behalf of the Company and myself that the Company and I will be bound as specified therein. You are authorized to check the Company's (and my) credit record.

Signature of Authorizing Signatory X _____ **Date** _____

Please return this information by – Fax: **(509) 865-1950** or Mail: **City Clerk, City of Toppenish 21 W 1st Ave. Toppenish WA 98948**