

APPENDIX 1

Application #: _____

Business Assistance Program Application

Applicant Information

1. Name of Person Completing Application: _____
2. Address: _____
3. Phone Number: _____
4. Fax Number: _____
5. Email: _____

Business Information

1. Business Name: _____
2. Owner: _____
 - a. Representative of owner: _____
 - b. Does Representative have a financial interest in the project? Yes No
 - c. If yes, what is the percentage level of participation? _____ %
3. State of Organization: _____
4. Address: _____
5. Phone Number: _____
6. Fax Number: _____
7. Email: _____
8. Type of Business Entity: _____

Project Information

Provide the Street Address of the project: _____

1. Is project located in
- Lincoln Trail Tax Increment Finance District (See Map Exhibit A)
 - Fairview Heights Tax Increment Finance District (See Map Exhibit B)
 - St. Clair Square Shoppes Tax Increment Finance (See Map Exhibit C)
 - St. Clair Square Shoppes Business District (See Map Exhibit C)

 - City of Fairview Heights (See Map Exhibit D)
 - Lincoln Trail TIF Façade and Site Improvement Program (see Map Exhibit E)
 - Fairview Heights TIF #4 (See Map Exhibit F)
 - Ludwig Drive TIF (See Map Exhibit G)
 - State Route 159 North TIF (See Map Exhibit H)
 - Enterprise Zone (See Map Exhibit I)

2. Have you completed an application for Site Plan Review (Appendix 2)?

- YES NO

If Yes, attach a copy of your completed Site Plan Review application, **including copies of any Site Development Plans, Maps, or any other supporting documentation**. If No, contact the Director of Land Use, Planning, and Development to obtain and complete all necessary applications.

3. What is the current zoning classification of the property? _____

Will the proposed project require a zoning amendment, variance, or special use permit?

If Yes, provide application numbers and dates for each application: _____

4. What is the nature of the proposed project?

- New Construction Expansion Occupancy of Existing Building

If new construction specify as: Commercial; Residential; Industrial

5. Provide a narrative description of the proposed project (attach additional pages if necessary). Applicant must be as specific as possible in describing: (1) the type of business proposed to be conducted at the site; (2) current condition of the site including size and condition of any existing structures, environmental conditions, and past uses of the site; (3) proposed development/redevelopment activities, scope of work, type of construction, etc.; (4) financing; (5) why Business Assistance Program monies are necessary for completion of the project; and (6) how the project is consistent with the goals and objectives identified in the TIF Redevelopment Plan or Business District Plan.

6. Are any public infrastructure improvements required for this project to proceed?

- YES NO. If Yes, describe improvements required:

7. Will the applicant obtain competitive bids from local contractors and sub-contractors?

- YES NO

8. Identify: Project Start Date: _____ and Project Completion Date: _____

Project Costs

1. Estimated Total Project Cost: complete the following worksheet

Remodeling/Rehabilitation/Expansion (TOTAL):	\$
Labor	\$
Materials	\$
New Construction (TOTAL):	\$
Labor	\$
Materials	\$
Capital Equipment:	\$
Site Improvements (Acquisition/Preparation, etc.):	\$
Other:	\$
TOTAL ESTIMATED PROJECT COST:	\$

* Attach evidence (such as commitment letters or terms sheets) evidencing that the portion of the project funded by private investment will be financed, as well as the source of the funding.

Public Benefits

Provide the Property Identification Number (PIN) for each parcel of property comprising the proposed project area, as well as the current equalized assessed value (EAV) and property taxes as stated on the most recent tax bill for each parcel. Please provide an estimated projection of the EAV and taxes resulting from the project.

PIN	EAV	TAXES	Projected EAV	Projected TAXES

Existing sales subject to sales tax: _____

Proposed sales subject to sales tax: _____

Existing number of FTE jobs: _____

Proposed number of FTE jobs: _____

Indicate the total amount of financial assistance requested (in current dollars): \$ _____ .00

* Attach data supporting the financial feasibility of the project, the projected performance outcomes of the requested financial assistance, or any professional studies or reports supporting the viability of the project.

Describe the public benefits that will be realized by the completion of this project. Examples of public benefits include, but are not limited to, creation of affordable housing, creation of new permanent jobs, creation of new retail choices in an underserved neighborhood, rehabilitation of a historic building, catalyst for new private investment in a neighborhood, re-occupancy of a vacant building, elimination of blight, incorporation of environmentally-friendly features, job training opportunities (attach additional sheets if necessary):
