

****PLEASE READ****

In order to be considered for these programs, **your project must go through the City of West Des Moines Development Services Department's Pre-Application process before the application deadline (Friday, March 06, 2020)**. Visit <https://bit.ly/2XHlofB> to get started. This process will take at least a week to complete, so please plan accordingly.



Application for Redevelopment Funding Programs

The City of West Des Moines supports the strengthening and development of the West Des Moines business community. The following funding programs are available to eligible properties within the Historic West Des Moines study area – see attached map (please check all that apply):

- Property Improvement Fund (PIF)
○ Requested amount of funds: \$ _____

Provides assistance to property owners in the renovation and upgrade of older commercial, office, industrial or mixed-use properties within designated areas. Property owners within the designated areas are eligible to apply for funding of a no-interest loan not to exceed \$75,000 from the City that will be repaid monthly over a period of 5 to 10 years. Funding will be on a reimbursement basis. See www.wdm.iowa.gov/CED for full description of program.

- Regulatory Compliance Fund (RCF)
○ Requested amount of funds: \$ _____

Provides assistance to property owners to achieve compliance with government regulations (ex. Fire sprinkler requirements, ADA compliance, grease trap upgrades/installation). Property owners within the designated areas are eligible to apply for funding up to 50% of the cost of regulatory compliance projects as a grant not to exceed \$75,000. The Property Owner is responsible for matching the grant on a 1:1 cash basis. Funding will be on a reimbursement basis. See www.wdm.iowa.gov/CED for full description of program.

***Please note: These funds may be used in combination with one another. The PIF and RCF may be used in combination with one another, as well as in combination with the Property Tax Rebate Program only if the Tenant applies to receive the PIF and/or RCF funds, and Property Owner represents and warrants that Property Owner does not and will not have a present or future property interest in Tenant or Tenant's business.**

In order to be eligible for the programs, all property taxes must be current. Additionally, any financial match must be in cash ('sweat equity' will not count as a match).

Name of Property Owner: _____

Contact Person/Title: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Tenant/Business Name: _____

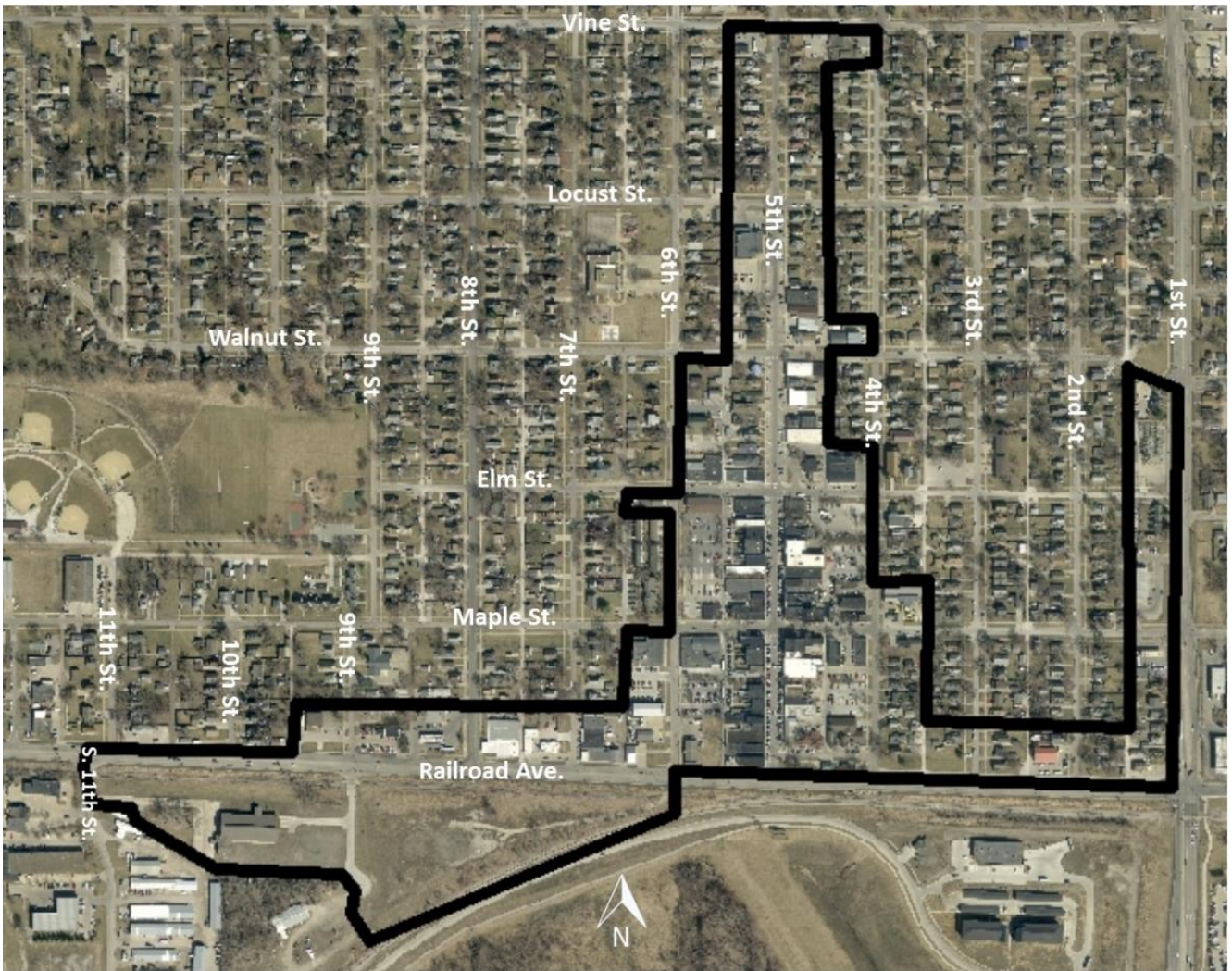
Address of Subject Property: _____

Contact Person for Tenant/ Business: _____ Phone: _____

Email: _____

Map of Eligibility for Redevelopment Programs

Black boundary indicates eligibility.



1. Description and History of Subject Property:

2. a. Please provide in detail the proposed project being undertaken for which you are requesting funding:

b. Please explain why funding is needed for the proposed project:

3. What date can the project be expected to begin? _____ Completion: _____

4. Has any part of the project been started yet? No Yes

If yes, please describe:

5. Has a building permit been issued? No Yes

If yes, please describe:

6. What will the financial assistance from the City be used for? If you are applying for funding from both programs, please specify what each fund will be used for.
7. How many full-time equivalent employees are currently employed by the business located at the subject property? _____
8. A requirement of the program is to create/retain AT LEAST 2 full-time equivalent* employees within the first 2 years following the completion of the project, and retain those employees for 3 additional years. How many employees will the Tenant hire/retain if the project is completed? Please note – this figure must be guaranteed by tenant for a minimum of 5 years in a contractual agreement with the City.

Full-time equivalency (FTE)**

New: _____

Retained: _____

TOTAL: _____

*Full-time equivalent (FTE): any combination of workers' hours that equal 40 hours/week.

**FTE figure provided must be guaranteed by Tenant/Property Owner for a minimum of 5 years in contractual agreement. Total jobs created or retained will be included in the contractual agreement with the City.

9. Will any of the current employees lose their jobs if the project does not proceed?

No Yes

If yes, how many? _____ Explain why:

10. What is the average wage rate or salary projected to be for the new employees?

11. What is the estimated annual payroll for the new employees resulting from this project?

Year 1: \$ _____ Year 2: \$ _____ Year 3: \$ _____

12. Will this project proceed if you do not receive funding from the City's Redevelopment Programs?

No Yes

If no, explain why:

13. a. How much capital is the Tenant contributing to the project?

b. How much capital is the Property Owner contributing to the project?

14. Please identify all agencies or institutions involved in this project (preparation of application, financial assistance programs, etc.) and what their involvement is:

15. Have you received funding from this program previously? No Yes
If yes, when?

16. How will this project benefit the City?

(Jobs, tax base, etc.)

17. Summary of Project Cost and Proposed Financing

Use of Funds		Sources of Funds				
Activity	Cost	Source A	Source B	Source C	Source D	Source E
1. Land acquisition						
2. Site preparation						
3. Building acquisition						
4. Building construction						
5. Building remodeling						
6. Machinery & equipment						
7. Furniture & fixtures						
8. Working capital						
9. Other						
10. Other						
TOTAL						

*Total investment figure provided will be included in contractual agreement with the City.

Summary of Proposed Financing

Funding Source	Principal Amount	Term	Rate	Lender
Property Owner's cash contribution				
Tenant's cash contribution				
Bank loan				
Bank loan				
Other loan				
Other: _____				
Other: _____				

**In-kind contribution of time/services ('sweat equity') does not qualify as a match.

18. Have bank loans or other funding been committed? Yes No

If no, when would that occur?

19. Are all property taxes on the subject property current? Yes No

20. Has the Property Owner or Tenant ever filed for bankruptcy, or are there any pending judgements, liens or legal action against Tenant/Property Owner?

Yes No

If yes, please explain:

21. Supportive attachments. Check off only if submitted with this application. If not applicable, please indicate with NA.

- _____ A. Business plan and marketing plan. Exhibit A (Required if a new business)
- _____ B. Letter of opinion from the primary financial institution affiliated with your business detailing the financial viability of your business to undertake the project, **including a confirmation of positive net income (if applicable) in the last 3 years.** Exhibit B **(**REQUIRED AS PART OF SCORING CRITERIA**)**
- _____ C. Letters of commitment of funds from banks and all lenders participating in the project and terms of the loan(s) or lines of credit. Exhibit C (Required if applicable)
- _____ D. Copy of the existing or proposed lease or purchase agreement or other financing arrangements. Exhibit D (Required if applicable)
- _____ E. Preliminary plans and specifications covering new construction and cost estimates for machinery, equipment, and/or construction. Exhibit E (Required)
- _____ F. Resumes of the principals involved in property ownership, or other applicable background information. Exhibit F (Preferred)
- _____ G. Resumes of the principals involved in Tenant ownership, or other applicable background information. Exhibit G (Preferred)
- _____ H. If your business is a franchise, include a copy of the franchise agreement and the Franchisor's FTC disclosure statement. Exhibit H
- _____ I. Resolution from the Board of Directors, if a corporation, authorizing the business to borrow and the corporation's certificate of good standing. If a partnership is involved, provide a partnership agreement and certificate as to partners. If applicant is a LLC, provide the operating agreement. Exhibit I (Preferred)
- _____ J. Is any elected official or employee of the City of West Des Moines an officer, director or holder of any direct or indirect pecuniary interest in the business? (Required)
- ___ Yes ___ No
- If yes, please explain:
- _____ K. Pre-Application Summary Letter to serve as confirmation of completion of the Pre-Application process (visit <https://bit.ly/2XHl0fB> for more information). (Required)
- Name of City Case Planner assigned to your project: _____

DISCLOSURE

The City of West Des Moines Due Diligence and Finance and Administration committees ("City") are subject to the Open Records law (Iowa Code Chapter 22). As such, information submitted to the City and its committees in an application under these Programs will be governed by the provisions of the Open Records law and other applicable disclosure requirements. Iowa Code Chapter 22 provides that the public shall have the right to examine and copy a public record and to publish or otherwise disseminate a public record or the information contained in such record. Notwithstanding, there are certain exceptions that may protect certain types of personal or business information. If you believe information you submit to the City in support of your application may fall within one of the exceptions to public disclosure, please mark the document(s) as CONFIDENTIAL. Upon receipt of a public records request that includes the application materials marked CONFIDENTIAL, the City will notify you and it will be your responsibility to seek legal protection from disclosure. To be clear, marking application materials as CONFIDENTIAL will NOT prevent disclosure unless you successfully obtain a court order prohibiting disclosure within the time frame the City has for responding to the public records request. The City will not make individual decisions as to which documents are subject to disclosure, and will proceed with the assumption that application materials are subject to disclosure absent court order to the contrary.

NOTICE TO APPLICANT

"THE PURPOSE OF THE PIF AND RCF IS TO SUPPORT BUSINESS ACTIVITIES ON TERMS AND CONDITIONS WHICH WOULD PERMIT COMPLETION AND/OR THE SUCCESSFUL OPERATION OR ACCOMPLISHMENT OF THE PROJECT. THE CITY RESERVES THE RIGHT TO RECALL THE FUNDING IF THESE REQUIREMENTS ARE NOT MET."

I, the undersigned, have read and understand the above statement of disclosure.

ASSURANCES – CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program; if you have any questions please contact the City.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for City assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-City share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the City, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or City directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the City.
4. Will comply with the requirements of the City with regard to the drafting, review and approval of construction plans and specifications, and will obtain all required City approvals and permits, including zoning, building, and fire permits.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the completed work conforms to the approved plans and specifications and will furnish progress reports and such other information as may be required by the City.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the City.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

(Signatures start on next page)

Signature of Property Owner: _____ Date: _____

I hereby give permission to the City of West Des Moines (City) to research the Property Owner's/Tenant's history, complete credit checks, contact the Property Owner's/Tenant's financial institution, and perform other related activities for the reasonable evaluation of this proposal. I understand that it is a criminal violation to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring financial assistance from the City.

I certify that to the best of my knowledge and belief, data in the application is true and correct, including any commitment of local resources, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all applicable Federal, State, and local requirements if this assistance is approved.

STATE OF IOWA)

) SS

COUNTY OF POLK)

On this _____ day of _____, 2020, before me the undersigned, a Notary Public in and for said State, personally appeared _____, to me personally known, who, being duly sworn, did say that they are the Property Owner of the entity applying for the redevelopment funding program, a program initiated by the City of West Des Moines, and that said instrument was signed and sealed on behalf of said business, acknowledged the execution of said instrument to be the voluntary act and deed of said business, by them voluntarily executed.

Notary Public in and for the State of Iowa

Signature of Tenant: _____ Date: _____

I hereby give permission to the City of West Des Moines (City) to research the Property Owner's/Tenant's history, complete credit checks, contact the Property Owner's/Tenant's financial institution, and perform other related activities for the reasonable evaluation of this proposal. I understand that it is a criminal violation to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring financial assistance from the City.

I certify that to the best of my knowledge and belief, data in the application is true and correct, including any commitment of local resources, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all applicable Federal, State, and local requirements if this assistance is approved.

STATE OF IOWA)

) SS

COUNTY OF POLK)

On this _____ day of _____, 2020, before me the undersigned, a Notary Public in and for said State, personally appeared _____, to me personally known, who, being duly sworn, did say that they are the Tenant of the entity applying for the redevelopment funding program, a program initiated by the City of West Des Moines, and that said instrument was signed and sealed on behalf of said property, acknowledged the execution of said instrument to be the voluntary act and deed of said property, by them voluntarily executed.

Notary Public in and for the State of Iowa

INDEMNIFICATION AGREEMENT

THE RECIPIENT AGREES TO INDEMNIFY AND HOLD THE CITY HARMLESS FROM AND AGAINST ALL LIABILITIES THAT THE GOVERNMENT MAY INCUR AS A RESULT OF THE PROVIDING AN AWARD TO ASSIST, DIRECTLY OR INDIRECTLY, PREPARATION OF THE PROJECT SITE OR CONSTRUCTION, RENOVATION, OR REPAIR OF ANY FACILITY ON THE PROJECT SITE INCLUDING SUCH LIABILITIES THAT ARE INCURRED BECAUSE OF TOXIC OR HAZARDOUS CONTAMINATION OF GROUNDWATER, SURFACE, SOIL OR OTHER CONDITIONS CAUSED BY OPERATIONS OF THE RECIPIENT OR ANY OF ITS PREDECESSORS ON THE PROPERTY.

The project award is subject to Property Owner/Tenant securing all necessary permits, including but not limited to, building, site plan approval, and fire department permits necessary for initiation of project.

Any project funds disbursed to non-corporate entities are subject to 1099 issuance on an annual basis. A 1099-G will be issued for any grant monies distributed. A 1099-M will be issued for any no-interest loan monies distributed.

[Signatures for Indemnification Agreement]

Signature of Property Owner: _____ Date: _____

STATE OF IOWA)
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Notary Public in and for the State of Iowa

Signature of Tenant: _____ Date: _____

STATE OF IOWA)
) SS
COUNTY OF POLK

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Notary Public in and for the State of Iowa

APPLICATION SUBMISSION INSTRUCTIONS

Please submit completed application to:

Mailing Address:
PO Box 65320
West Des Moines, IA 50265

Or City Hall:
City of West Des Moines
Attn: Community & Economic Development, Suite 1A
4200 Mills Civic Pkwy
West Des Moines, IA 50265

If you have questions about the program or this application, please contact Clyde Evans, Katie Hernandez, or Rachel Wacker at 515-273-0770.

ANY APPLICATION WITHOUT NOTARY SIGNATURE WILL NOT BE CONSIDERED.

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APPLICATION DEADLINE: Friday, March 06, 2020 | 4:00 p.m.