La Crosse County Economic Development
400 4th Street North, Room 2040, La Crosse, WI 54601
www.lacrossecounty.org/economicdevelopment
Ph: 608-785-5792; Fax: 608-785-5922

Application Round: 2017 – 1st

Application Due Date: Feb. 24, 2017

Acquisition and Demolition Grant – Program Application

Instructions

To apply for funding, please complete this application form, including all attachments, and submit it to the La Crosse County Community Development office at the above address. Applications will not be considered until they are complete. If you need assistance or have questions, please contact us.

Applicant Name & Contact Information

Applicant Name: _____

Applicant Type: ☐ Corporation; ☐ Non-Profit Corporation; ☐ Partnership; ☐ Individual/Family

Mailing Address: _____

Contact Person: _____ Title: _____

Contact Address: _____

Contact Phone: _____ Contact Email: _____

Description of Previous Work in Target Neighborhoods or on Similar Projects (attached additional pages if necessary: _____

_____

_____

_____

Project Information

Project Address: _____ Neighborhood: _____

Current Property Use: _____

Current Total Assessed Value of Property: _____

Zoning Classification of Project Property: _____

Proposed Property Use: _____

Owner Occupancy: ☐ Yes; ☐ No; Comments: _____

Projected Total Assessed Value Upon Completion: _____

Additional Project Description - make sure to address how your proposal helps build on neighborhood character (attach additional pages if more space is needed): _____

_____

_____

_____

_____

Project Timeline (Anticipated Dates)

Closing Date on Property (if applicable): _____ Start of Demolition: _____

Start of Construction: _____ Project Completion: _____

Grant Request

Amount Requested: _____ Minimum Grant Needed to Move Forward: _____

Explain How the Project Would Change with Smaller Grant Award: _____

_____

Attachments

Please attach the following documents to complete this application:

- ☐ Photo(s) of current site
- ☐ Designs and/or renderings of proposed development
- ☐ Proof of property control
- ☐ Zoning map of property
- ☐ Proposed Sources & Uses of Funds (showing general cost categories and all funding sources)
- ☐ Other Supporting Documentation (additional applicant qualifications and experience, additional project description, renderings, site plans, proof of any committed funding, letters of support, etc)
- ☐ Commitment from a qualified demolition contractor with proof of insurance (if demolition work is part of the project)
- ☐ City of La Crosse Self Scoring Criteria for Single Family (optional) http://www.cityoflacrosse.org/filestorage/593/844/3606/6480/6494/DesignGuideline10292014.pdf

Applicant Certification

By signing below, the applicant:

- Certifies that to the best of its knowledge and belief, the information being submitted to La Crosse County and its agents is true and correct;
- Certifies that it is in compliance with all laws, regulations, ordinances, and orders of public authorities applicable to it;
- Certifies that it is in compliance with and current on all federal, state, and local taxes;
- Certifies that it is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with any other creditor;
- Agrees to reimburse La Crosse County or its agent for any grant funding and reasonable expenses made in connection with an awarded grant, including, but not limited to, title work, legal fees, appraisals, recording/filing fees, etc if grantee is unable to complete project;
- Certifies that it has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project described in this application. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or adequate capital to complete the project;
- Understands that, unless it's a trade secret, all information submitted to La Crosse County is subject to Wisconsin's open records law.

Signature: _____ Date: _____

Printed Name: _____