

## La Crosse County Economic Development

212 6<sup>th</sup> Street North, Room 1300, La Crosse, WI 54601 www.lacrossecounty.org/community-development Ph: 608-785-5792

FOR INTERNAL USE ONLY
Application Round:
Application Due Date:

## **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.

		<u></u>			
Applicant Name:					
Applicant Type: C	orporation;	Non-Profi	t Corporation;	Partnership;	Individual/Family
Mailing Address:					
Contact Person:			Title:		
Contact Address:					
Contact Phone:		Contac	ct Email:		
Description of Previo					tached additional pages i
ject Information					
				Лunicipality:	
Project Address:					
Project Address:	n identified t	arget neighbor	rhood):		
Project Address: Neighborhood (if in a Current Property Use	n identified t	arget neighbor	rhood):		
Project Address: Neighborhood (if in a Current Property Use Current Total Assesse	n identified to	arget neighbor operty:	rhood):		
Project Address: Neighborhood (if in a Current Property Use Current Total Assesse Zoning Classification of	n identified to  d Value of Proference of Project Pro	arget neighbor operty:	rhood):		
Project Address: Neighborhood (if in a Current Property Use Current Total Assesse Zoning Classification of Proposed Property Use	n identified to  d Value of Pro f Project Pro ee:	operty:	rhood):		
Project Address: Neighborhood (if in a Current Property Use Current Total Assesse Zoning Classification of Proposed Property Use Owner Occupa	n identified to d Value of Pr of Project Pro se:Yes	operty: ;No; Co	omments:		

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Closir	ng Date on Property (if applicable): Start of Demolition:	
	of Construction: Project Completion:	
Grant Re	quest	
Amou	unt Requested: Minimum Grant Needed to Move Forward:	
Expla	in How the Project Would Change with Smaller Grant Award:	
Attachme	ents	-
	e 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	ıl
Ц	project description, proof of any committed funding, letters of support, etc)	
	Commitment from a qualified demolition contractor with proof of insurance (if demolition work i	s
	part of the project)	
	City of La Crosse Self Scoring Criteria for Single Family (for single-family projects). Please complete	e
	even if not located in the City of La Crosse.	
	https://www.cityoflacrosse.org/home/showpublisheddocument/3981/637322247436800000	
Applican <sup>1</sup>	t Certification	
	ning below, the applicant:	
	ertifies that to the best of its knowledge and belief, the information being submitted to La Crosse	9
	ounty and its agents is true and correct;	
	ertifies that it is in compliance with all laws, regulations, ordinances, and orders of public authoritie	S
•	oplicable to it;	
	ertifies that it is in compliance with and current on all federal, state, and local taxes;	
	ertifies that it is not in default under the terms and conditions of any grant or loan agreements ases, or financing arrangements with any other creditor;	,
	grees to reimburse La Crosse County or its agent for any grant funding and reasonable expense	c
•	rade in connection with an awarded grant, including, but not limited to, title work, legal fees	
	opraisals, recording/filing fees, etc if grantee is unable to complete project;	,
-	ertifies that it has disclosed and will continue to disclose any occurrence or event that could have a	า
	dverse material impact on the project described in this application. Adverse material impact include	
bı	ut is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention	า

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

• Understands that, unless it's a trade secret, all information submitted to La Crosse County is subject to

or adequate capital to complete the project;

Wisconsin's open records law.