

# Memo

To: Village Board

Fr: Trevor Fuller, Planning and Zoning Administrator

Re: AWARDING OF FAÇADE IMPROVEMENT GRANT

Date: June 17, 2016

The village has received an application for the Façade Improvement Program from Bellin Health for their Corporate Campus location at 2020 S Webster Avenue. Bellin Health is requesting a Façade Improvement Grant to help fund landscaping improvements to the site. Attached is the application and materials related to the applicant's project. Below is a summary of the project, which includes the scope of work.

Scope of Project:

- Removing, replacing, and adding landscaping to the north and east sides of the property.

Estimated Project Cost: \$21,000

Requested Assistance: \$10,000 in grant funds

The project will have to comply with all applicable village zoning and development requirements, the project will have to be completed within one year of grant approval, and no work begun prior to receiving Village Board approval will be eligible for reimbursement.

The Village Board is asked to review the project and determine whether or not to allocate funds **to reimburse for up to 50% of the project estimate, not to exceed \$10,000.**

2020 Webster (Lundy, S)

For further information on the Façade Improvement Program please contact the Village Administrator at (920)448-2800 or email brad@villageofallouez.com.

**FAÇADE IMPROVEMENT APPLICATION FORM**  
APPLICATIONS ARE DUE JANUARY 1<sup>ST</sup>, APRIL 1<sup>ST</sup>, JUNE 1<sup>ST</sup>, AUGUST 1<sup>ST</sup>, OCTOBER 1<sup>ST</sup>

Applicant Name: \_\_\_\_\_ Andrew Vanderloop \_\_\_\_\_

Business Name: \_\_\_\_\_ Bellin Health \_\_\_\_\_

I am the (Circle one) of the business property: *Property Owner* or *Tenant*

If you are a tenant, please provide a written consent letter from the property owner, lease agreement, and complete the following information on the property owner.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

When does the lease expire? \_\_\_\_\_

If you are the property owner, please provide proof of ownership.

**Facade Project Information**

Please submit a contractor's work proposal narrative, 3 detailed cost estimates, and illustration with dimensions. Please briefly describe your project below.

Description of Project:

\_\_\_\_\_ Bellin Health would like to improve the 2020 Webster (Lindys) appearance and apply for TIF assistance. The project that we are applying for is improving the front (East) side of the facility by replacing/ improving and adding additional landscaping, this will be accessible to people that work at the facility and the public. .

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Estimated cost (Contractor quote):   21,000  

Anticipated start date of project:           7/2/2016          

Anticipated completion date of project:  
          9/2/2016          

**Façade Improvement Program Rules**

After reading, please initial each line that pertains to the proposed project, understanding and agreeing to:

Applicants must pay for a minimum of 50% of the project costs for projects where a grant is awarded. The maximum grant award shall not exceed \$10,000 (grant applicants only).

          *AV*          

For the loan program, the maximum term of the loan shall not exceed 5 years. The maximum loan amount is \$7,500. The interest rate is equal to the interest rate for a State Trust Fund Loan at the time of the application (loan applicants only).

          *AV*          

If business removes façade improvements funded by the grant program within 5 years of receiving grant money, the grant must be repaid in full within 30 days of removal (grant applicants only).

          *AV*          

Applicants must receive a Notice to Proceed and secure all necessary permits before work may begin.

          *AV*          

I have received the "Façade Improvement Program Guidelines"

          *AV*          

          *Anthony Cardenas*            
Applicant Signature

          6/16/16            
Date

