Agenda Item Number	
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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 Websters (Lindys)

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

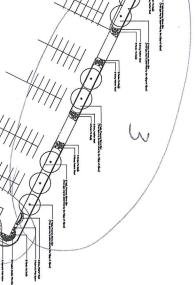
FAÇADE IMPROVEMENT APPLICATION FORM APPLICATIONS ARE DUE JANUARY 1 $^{\rm ST}$, APRIL 1 $^{\rm ST}$, JUNE 1 $^{\rm ST}$, AUGUST 1 $^{\rm ST}$, OCTOBER 1 $^{\rm ST}$

Applicant Name:	_Andrew Vanderloop	
Business Name:	_Bellin Health	
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	Extra Control of the	
I am the (Circle one) of	the business property: Property Owner or Tenant	
	se provide <u>a written consent letter</u> from the property own plete the following information on the property owner	
Name:	,	
Address:	ra i	
Phone:	Fax:	
Email:		
When does the lease exp	vire?	
	wner, please provide proof of ownership.	
Façade Project Inform	ation_	
	or's work proposal narrative, 3 detailed cost estimates, ons. Please briefly describe your project below.	and
Description of Project:		

Bellin Health would like to improve the 2020 Webster (Lindy and apply for TIF assistance. The project that we are applying for is imfront (East) side of the facility by replacing/improving and adding add landscaping, this will be accessable to people that work at the facility a	proving the itional
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 projunderstanding and agreeing to:	ect,
Applicants must pay for a minimum of 50% of the project costs for projects where a grant is awarded. The maximum grant award shall no exceed \$10,000 (grant applicants only).	t
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).	
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"	_ fr
Applicant Signature	6/16/16 Date

Plant Material





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Secretary (Control Notes)

Active Secretary (Control Notes)

Bright Secret

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Proposed Patio Break Area

Proposed Raised Planters - HRA Clinic



Grand, 28

Bellin Health: Accounting Building

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2020 South Webster Ave. Green Bay Wi
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Proposed Raised Planters - South East End