

City of Scottsbluff, Nebraska
Wednesday, October 10, 2018
Regular Meeting

Item 1

Review Changes to East Overland Facade Grant Program.

Staff Contact: Starr Lehl



CITY OF SCOTTSSLUFF

EAST OVERLAND FAÇADE IMPROVEMENT GRANT PROGRAM

The City of Scottsbluff has committed ~~\$153,500~~ \$100,000 to a program for façade improvements ~~in along~~ the East Overland ~~corridor business district~~. Grants will be available to all properties, residential and commercial, that are located along East Overland. The grant funds must be used to improve the appearance of the exterior of the property. Program guidelines are below:

1. Grant amount: Minimum grant amount is \$100, and maximum grant amount is \$10,000 per property.

2. Required cash match: The property owner is required to match every dollar of grant money with one dollar of their own funds. Grant funds must be spent on the exterior of the property.

~~Match~~ Matching funds may be spent on the exterior or the interior of the property.

Eligible improvements ~~improvements~~ that may be ~~funded~~ supported by grant funds or matching funds include, but are not limited to:

- | | | |
|------------------------|------------------------------|------------------|
| -Paint (exterior only) | -Roof Repairs | <u>- Siding</u> |
| -Masonry | -Sidewalk repair | <u>- Awnings</u> |
| -Signage | -Windows | <u>- Doors</u> |
| -Landscaping | <u>- Parking Lot Repairs</u> | |

Improvements that may be funded by match funds only include, but are not limited to:

- | | |
|--|---------------------------------|
| -Insulation/energy efficiency improvements | -Parking lot improvements |
| -Paint (interior or exterior) | -Electrical or plumbing repairs |

3. Application period will begin on November 15th and end on December 15th

4. Applicants must have bids or estimates for work to be done at the time of application.

5.3. Funds may not be spent until after an application is approved. Funds spent before approval is granted will not be reimbursed.

6.4. Applicant must keep all receipts for materials and work done and submit to the City in order to be reimbursed. Work must be completed and receipts submitted for reimbursement within 6 months of project approval. Applicants may apply for one 3 month extension if needed to complete the work. The Community Redevelopment Authority (CRA) has the discretion to extend the timeframe on a case by case basis due to extenuating circumstances within the current fiscal year.

7.5. Applications will be reviewed by staff and presented to the City's Community Redevelopment Authority at their monthly meetings. The CRA will make recommendation to the City Council, who has final say in approving projects.

8. Approved applicants must give monthly reports to the city regarding the progress of the project until completed.

~~6. Funds will be disbursed to all qualifying projects on a first come, first serve basis until all allocated funds have been spent. If funds remain after May 31, 2018, property owners may apply for a second grant on each property.~~

9. Application period will begin on November 15th and end on December 15th

10.7. All proposed improvements must meet requirements of the City's building, fire, and zoning codes.

East Overland Façade Improvement Program Application

Project Information

1. Applicant Name _____
Applicant Address _____
Telephone No. _____
Property Owner (if different than applicant) _____

2. Project Site Address _____

4. Land Use of Project (Circle one)

Residential

Restaurant

Retail

Service

Other (Please specify) _____

5. Utilities (Circle one) Gas Electric Both

6. Proposed Project: Describe in detail; attach plans and specifications:

7. Estimated Project Costs

Exterior Improvements (grant or matching funds) \$_____

Interior Improvements (matching funds only) \$_____

Total \$_____

Grant Funds Requested* \$_____

**Grant funds requested must not exceed matching funds or \$10,000, whichever is less*

**Bids or Estimates must be included at the time of application*

8. Person doing work (if different than applicant)_____

Address_____

Phone No._____

8. Project Construction Schedule (estimated)

Start Date _____

Completion Date _____

To be completed by Staff:

Zoning of Property_____

Square footage of building_____