# Manchester Business Façade and Signage Improvement Fund Grant Program Guidelines and Application

## 2023-2024

Sponsored by: The Town of Manchester, Administered by the Department of Planning and Economic Development

#### **Mission Statement:**

The Manchester Business Façade and Signage Improvement Program (Program) is intended to strengthen and promote small local business, to stimulate reinvestment in commercial buildings, and facilitate local economic development. To achieve this goal, the Town is providing reimbursement grants to small business owners in order to improve the exterior appearance of commercial and mixed-use buildings and signage.

The goals of the program are to:

- Mitigate financial hardships related to the COVID-19 pandemic.
- Encourage private investment in commercial properties.
- Strengthen local businesses.
- Enhance the aesthetics of commercial and mixed-use areas.
- Rehabilitate or restore the original character of historic buildings.
- Provide a catalyst for others to improve their buildings and storefronts.

#### Manchester Business Façade and Signage Improvement Fund Guidelines

#### **Grant Program Parameters:**

- 1. The grant program is limited to small business owners within the town of Manchester or potential owners with a signed contingency agreement; For the purposes of this program an established LLC will be considered a business.
- 2. Grantees must document how the business was negatively financially impacted during the COVID-19 pandemic.
- 3. Applicants must be independently owned and operated and must have been in operation for a minimum of 10 years.
- 4. Awardees must be located on arterial roads or collector roads adjacent to a business zone.
- 5. Improvements must conform with the mission statement of the Program.
- 6. The total original grant pool is \$200,000;
- 7. Applications may be submitted between July 24, 2023 and October 1, 2024. Grant availability is subject to available funds.
- 8. All grants require a dollar-for-dollar match by the applicant;
- 9. The minimum grant amount is \$1,000 and the maximum grant amount is \$10,000.

- 10. The number of grants per property may be limited to 1;
- 11. The Economic Development Commission will approve expenditures from the fund by finding that the completion of the project conforms with the program mission and:
  - Respects any historically significant aspects of building façades;
  - Enhances the overall environment and economic viability of the area;
  - Conforms to any relevant design guidelines or regulations.
- 12. The property owner must receive tax clearance from the Manchester Collector of Revenue;
- 13. Grant payments will be distributed as reimbursement to the owner once the project is complete, and invoices and proof of payment have been submitted.

#### **Grant Funding Guidelines:**

Examples of eligible expenses include but are not limited to exterior repairs and renovations on commercial storefronts and facades visible to public streets, alleys, parking, and pedestrian walkway areas in compliance with all relevant zoning regulations and design guidelines.

Expenses incurred within three (3) months prior to submission of the application qualify with acceptable documentation evidencing incurrence or payment of these expenses.

#### **Grant Application Instructions:**

- 1. Grant applications must be made on the form attached.
- 2. Grant applications must contain all the items on the Grant Application Checklist.
- 3. Grant applications that are not complete may be considered non-responsive.
- 4. Approved applicants may be required to complete additional grant paperwork.

#### **Grant Application Process**

- 1. Application submitted to Planning and Economic Development Department.
- 2. Staff reviews for completion.
- 3. Complete applications referred to the Economic Development Commission (EDC).
- 4. Applicant presents conceptual plan to the EDC at a public meeting.
- 5. EDC either approves, denies or takes no action on conceptual project.
- 6. Approved projects sent to Finance and Building staff for approval.
- 7. Grant agreement signed by applicant and Town of Manchester.

#### **Grant Application Checklist:**

- One complete, original signed and dated application submitted to Town.
- One complete copy for the applicant's own records and file.
- One copy of the proposed façade and/or signage to include paint colors, awning and material samples (as appropriate).
- Manchester Collector of Revenue Tax Clearance Certificate.
- 2019 & 2020 Business tax returns appropriate to your business
- Any other documentation showing a negative financial impact caused by the COVID-19 pandemic.
- A statement of corporate structure/ parent/subsidiary relationshipsadditional information may be required.
- Two (2) written cost estimates for each component of the project must be submitted. Each estimate should include the contractor's Business name, contact person, address and phone number. The applicant should indicate their preferred vendor. If preferred vendor is not the lowest bidder, please explain why.
- Signed Certification and Affirmation page (attached).
- Property Owner Consent Form (attached).
- All of the above in digital format on a USB flash drive or emailed to planningdept@manchesterct.gov or postmarked or delivered to:

Manchester Planning and Economic Development Department Business Façade and Signage Improvement Fund PO Box 191 494 Main Street Manchester, CT 06045-0191

## Town of Manchester Building Façade and Signage Improvement Fund *Grant Application*

All applicants must read and follow the Guidelines section of this Application. The Guidelines section contains information on the Grant Program Parameters, the Grant Application Instructions, and the Grant Application Checklist.

#### **PROPERTY INFORMATION**

| Owner Name  |                                 |                        |                        |              |
|---|---------------------------------|------------------------|------------------------|--------------|
| Address   |                                 |                        |                        |              |
| City  | State                           | ZIP                    |                        |              |
| Date of Birth   |                                 |                        |                        |              |
| Home Telephone  | Business Telephone              | Cell Tele              | ephone:                |              |
| Fax   | E-Mail                          |                        |                        |              |
| Tenant Name (if multiple tenants, c                               | omplete tenant list on page '   | 7 of application)      |                        |              |
|   |                                 |                        |                        |              |
| Business Location (if different)                                  |                                 | City                   |                        |              |
| State   |                                 | Zip                    |                        |              |
| County  | Date busines                    | ss was established     |                        |              |
| Number of Current Employees: F                                    | ull Time:                       | Part Time              |                        |              |
| Type of Tenant(s)   |                                 |                        |                        |              |
|   |                                 |                        |                        |              |
| Federal ID Number:  |                                 |                        |                        |              |
| Any personal/business judgments, un If yes, please explain.       | settled lawsuits or major dispu | ites?                  | Yes                    | No           |
| n yes, picase explain.  |                                 |                        |                        |              |
| Has the business, or any principals, b<br>If yes, please explain. | een involved in bankruptcy or   | insolvency proceeding  | gs? Yes                | No           |
|   |                                 |                        |                        |              |
| Are you a U.S. Citizen? Yes                                       | No (If no, mail                 | a copy of Alien Regist | tration Card Form I-15 | 1 or I-551.) |

| FINANCING INFORMATION  |  |  |
|--|--|--|
| Total amount of grant request (maximum \$10,000) \$  |  |  |
| Purpose of grant request   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Other Sources of Funds:  |  |  |
|  |  |  |
| Have you contacted your bank for financing? Yes No Name of bank  |  |  |
| Who referred you to the program? Phone   |  |  |
| DEMOGRAPHIC INFORMATION  |  |  |
| The Town has requested that we obtain the following information for statistical purposes only. Please circle all those that apply.   |  |  |
| Property owned by (> 50% Female owned) (> 50% minority owned)  |  |  |
| Veteran StatusNon-VeteranVietnam-era VeteranOther Veteran  |  |  |
| Ethnicity: African American/Black Asian American Indian/Alaskan Native   |  |  |
| Hispanic/Latino Native Hawaiian/Pacific Islander White Some Other Race   |  |  |
| What is your combined yearly household income as of today? \$  |  |  |
| How many are in your household?  |  |  |
| CERTIFICATIONS   |  |  |
| Please read the following and sign the Application Form. All owners, officers, and partners must sign this application.  |  |  |
| The information in this Grant Application is provided for the purpose of applying for funds under the Town of Manchester Business<br>Façade and Signage Improvement Fund. The information is accurate to the best of my knowledge. I understand that personal and/or<br>business information may be requested pursuant to this grant application, and I hereby give my consent for such information to be<br>provided to the Town. I also understand that the Town retains the sole decision as to whether this grant application is approved,<br>disapproved, or modified. It is my right to accept or decline the grant amount, rate and terms approved by the Town of Manchester. |  |  |
| Print Name   |  |  |
| Signature   Date   |  |  |
| Print Name   |  |  |
| Signature Date   |  |  |
| The Town of Manchester is an Equal Opportunity lender. The Town of Manchester will not discriminate against any grant applicant because of his or her race, color, religion, sex, handicap, familial status, or national origin.   |  |  |

#### **PROJECT NARRATIVE**

Please describe the project, in terms of scope and building improvements as it applies to the mission statement of the program. Include the estimated cost of the project. Include specific information on how the business was negatively impacted by the COVID-19 pandemic. Attach additional pages as necessary.

### **CERTIFICATION AND AFFIRMATION**

- I certify that I am an authorized representative of the Applicant and as such am authorized to make the statement of affirmation contained herein.
- I hereby agree to allow representatives of the Town of Manchester access to the property and applicable records as may be necessary for the administration of the Manchester Business Façade and Signage Improvement Grant Program.
- I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.
- I attest the information submitted by the Company to the Town of Manchester regarding the Project is consistent with documents provided to lenders, other governmental entities or investors who may provide funding for the Project and that the Town of Manchester is authorized to verify such information from any source.
- On behalf of the Company, we agree to disclose any information to the Town of Manchester regarding any person who owns an ownership interest or who is employed in a management capacity by the Company and who has committed a felony, is presently under indictment or is on parole or probation for a felony; with the understanding that this information will be used by the Town of Manchester solely for performing its due diligence obligations and that such information, if any, will not necessarily disqualify the company unless the Town of Manchester believes such information might impact the Company's ability to perform its obligations under this Program.
- I attest there are no pending or threatened liens, judgments, or material litigation which is likely to affect the viability of the property as an ongoing concern.
- I certify the property does not have any delinquent non-protested federal, state or local taxes
- I certify that neither the operations of the property nor the requested funding would violate any existing agreement.
- I certify that the Applicant has not filed (nor is about to file) for bankruptcy.
- I certify the Applicant has not failed to fulfill any obligations under any other state or federal program.
- I certify the signatory is the authorized representative of the applicant and is authorized to make the statement of affirmation contained therein.

| Name      | Title |
|-----------|-------|
|           |       |
| Signature | Date  |
|           |       |

| <b>PROPERTY OWNER CONSENT FORM</b> | <b>PROPERTY O</b> | WNER CO | <b>ONSENT FORM</b> |  |
|------------------------------------|-------------------|---------|--------------------|--|
|------------------------------------|-------------------|---------|--------------------|--|

| If the applicant does not own the property, this form must be completed by the property owner and submitted with the application. |  |  |  |
|---|--|--|--|
| The undersigned owner of the existing   | building located at:   |  |  |
|   | (Address)  |  |  |
| certifies that  | (Applicant) operates -or-  |  |  |
| intends to operate a business at the ab   | ove location.  |  |  |
|   | pplicant to implement the improvements listed on the <i>nage Improvement Fund Form (application)</i> . |  |  |
| The undersigned hereby waives any cla<br>funds:   | aim against the Town of Manchester arising out of the use of these grant                               |  |  |
| Name  | Title  |  |  |
| Company (if applicable)   |  |  |  |