Threshold Criteria
Projects must meet all the eligibility requirements outlined in the program guidelines. Failure to do so at the time of application constitutes disqualification; an application may be resubmitted when all requirements have been met.

Project Information
Property Address:
_____________________________________________________________________________________
Parcel Number:
_____________________________________________________________________________________
Current Use:
_____________________________________________________________________________________

Proposed Use:
_____________________________________________________________________________________

Project Description:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Current and/or Future Tenants:
_____________________________________________________________________________________
# of Floors in Building:
_____________________________________________________________________________________
Total Linear Frontage Area:
_____________________________________________________________________________________
Total Project Cost:
_____________________________________________________________________________________
Project Architect (if applicable):

________________________________________________________________________

Amount Requested for Reimbursement:

________________________________________________________________________

Applicant Information

Identify the person or organization requesting funding. If an organization, please indicate the name as it is registered and supply a contact person. If an individual, please indicate the full name of all persons having an interest in the property:

Name:

________________________________________________________________________

____

Name:

________________________________________________________________________

____

Organization:

________________________________________________________________________

Organization’s website:

________________________________________________________________________

Organization’s Phone:

________________________________________________________________________

Organization’s Representative:

________________________________________________________________________

Organization’s Mailing Address:

________________________________________________________________________

Applicant’s or Representative’s Email:

________________________________________________________________________

Applicant’s or Representative’s Phone:

________________________________________________________________________
Organizational Structure (if the applicant is not an individual, indicate the type of organization):

- Partnership
- Corporation
- Limited Liability Corporation
- Other

SS# or EIN:

Applicant Interest (Identify the applicant’s legal interest in the property):

- Property Owner having title
- Land Contract Vendee
- Purchaser by option or purchase agreement
- Lessee
- Other

Attachments (to include with Application)
- Estimated Project Costs with Contractor Estimates (where applicable)
- Site Plan (or Google aerial of your parcel outlined)
- Photos of Existing Condition
- Renderings (if possible)
- Owner approval (if application is from someone other than the property owner)
- City permits and approvals (if applicable)
- CPTED survey (if relevant)
- Other:

Applicant Affidavit (applicant must read and sign below)
- The undersigned hereby request that the NQ CIA provide financial assistance to the project described herein for the purpose expressed herein
- The applicant affirms and acknowledges
  - Legal interest in the property as described above
  - The offer of assistance will be effective only upon execution of an agreement between the applicant and the NQ CIA
  - This program provides no upfront funding, but funding is reimbursement for documented expenditures made by the applicant
Approved projects are eligible for reimbursement of up to the lesser of 50% of documented project costs or $5,000.

The statements made herein and in any attachments are in all respects true and correct to the best of the applicant’s knowledge and belief.

Owner’s Signature (if applicant is not the owner, owner must read and sign the following statement)

The undersigned hereby affirms and acknowledges that he/she/they are the owner of record of the property described herein, are aware of the contents of this application, and hereby authorize the applicant to submit this application, to perform the project as described herein and to represent the undersigned in this matter.

Owner’s Address:

Owner’s Phone:

Owner’s Email:

Send completed applications via email to
NorthQuarterCID@gmail.com
or via mail to
North Quarter CIA
300 Monroe Ave NW, 9th Floor
Grand Rapids, MI 49503