NORTH QUARTER CORRIDOR IMPROVEMENT AUTHORITY BUSINESS IMPROVEMENT PROGRAM GRANT APPLICATION

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:

)r	ganizational Structure (if the applicant is not an individual, indicate the type of organization):
)	Partnership
)	Corporation
)	Limited Liability Corporation
)	Other
)	SS# or EIN:
	_
۱p	plicant 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
۱t	tachments (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 NQCIA provide financial assistance to the project described herein for the purpose expressed herein
- The applicant affirms and acknowledges
 - o 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 NQCIA
 - This program provides no upfront funding, but funding is reimbursement for documented expenditures made by the applicant

of the applicant's knowledge and belief.		
Print Applicant's or Representative's Name and Title		
Signature of Applicant or Representative	Date	
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 ordescribed herein, are aware of the contents of this application, and hereby aut this application, to perform the project as described herein and to represent the	horize the applicant to submit	
Print Owner or Owner's Representative's Name and Title		
Signature of Owner or Owner's Representative's Name	Date	
Owner's Address:		
Owner's Phone:		
Owner's Email:		

o Approved projects are eligible for reimbursement of up to the lesser of 50% of documented project

o The statements made herein and in any attachments are in all respects true and correct to the best

costs or \$5,000.

Send completed applications via email to

or via mail to
North Quarter CIA
300 Monroe Ave NW, 9th Floor
Grand Rapids, MI 49503