

Alton Tax Increment Finance Grant Program

Alton Riverfront Tax Increment Redevelopment Project Area



ALTON TAX INCREMENT FINANCE GRANT

PROGRAM

CITY OF ALTON, ILLINOIS

Department of Planning and Development 101 E Third • Suite 202 • Alton, Illinois 62002

Telephone: (618) 463-3801 Fax: (618) 463-0972

E-mail: permits@cityofaltonil.gov Website: www.cityofaltonil.gov

Grant Program Description

The Alton Tax Increment Finance Grant Program is a grant program that provides financial assistance to property owners for permanent building and site improvements (real property improvements only) associated with existing structures and/or land. Examples of permanent improvements include:

- 1) Life safety and accessibility code requirements;
- 2) Repair/replacement of roof, floors, structural walls or windows;
- 3) Exterior/interior rehabilitation, reconstruction, repair or remodeling of an existing structure;
- 4) Repair/replacement of electrical, plumbing, heating or cooling systems;
- 5) Installation of an elevator, sprinkler, fire or smoke alarm system; and
- 6) Parking lot paving or landscaping (excluding fencing for screening purposes).

The maximum grant request shall not exceed \$25,000 nor shall the grant exceed 25% of the total eligible project cost. Furthermore, the following shall be apply:

- -) All debts owed to the City shall be paid in full prior to an application being accepted.
- -) The property must be zoned commercial or industrial pursuant to the Alton Zoning Ordinance.
- -) The property shall meet all applicable building, life safety, zoning and maintenance codes upon project completion.
- -) The project shall be consistent with the City's comprehensive plan, zoning ordinance and the TIF redevelopment plan.
- -) The project may be subject to review by the City's Appearance Review Commission and/or Historic Commission.
- -) The grant funds shall be made available as a reimbursement upon completion of the project.
- -) If work is to completed by a third party contractor, three bids must be obtained and submitted to the City for review.
- -) If work is to be completed by the grant recipient, only materials are eligible for reimbursement.
- -) Work must be completed within 6 months upon execution of the redevelopment agreement, unless otherwise extended by the City of Alton.



ALTON TAX INCREMENT FINANCE GRANT PROGRAM

CITY OF ALTON, ILLINOIS

Department of Planning and Development

101 E Third • Suite 202 • Alton, Illinois 62002

Telephone: (618) 463-3801 Fax: (618) 463-0972 E-mail: permits@cityofaltonil.gov Website: www.cityofaltonil.gov

Grant Process

The following will be the process used for an applicant to be considered for TIF grant:

- 1) Meet with the Department of Planning and Development to determine if the project is eligible for funding and whether sufficient funds are available. Staff will request a detailed description of the project and bid information.
- 2) Turn in a completed application with all requested attachments.
- 3) A redevelopment agreement will be prepared. Said agreement will be forwarded to the applicant for review. Upon conclusion of the review, the agreement and application materials will be forwarded to the City Council for consideration.
- 4) Upon approval of the redevelopment agreement by the City Council, the applicant may commence work.
- 5) Upon completion of the project, the applicant shall submit invoices and other appropriate documentation to obtain reimbursement from the City. REIMBURSEMENT SHALL BE AT THE CONCLUSION OF THE PROJECT AND IS CONTINGENT UPON ALL APPLICABLE CODES BEING MET.



ALTON TAX INCREMENT FINANCE GRANT PROGRAM

CITY OF ALTON, ILLINOIS

Department of Planning and Development

101 E Third • Suite 202 • Alton, Illinois 62002

Telephone: (618) 463-3801 Fax: (618) 463-0972 E-mail: permits@cityofaltonil.gov Website: www.cityofaltonil.gov

Tax Increment Finance Grant Programs Application

(Please fill out completely.)

Note that applications must be reviewed and approved by the Alton City Council before work on the **project begins**. Also, if there is a significant change in the scope of the project after the application has been approved, the applicant must re-apply with the scope of the new project.)

Applicant Information

| Applicant Name: | | |
|--|--|---------------------------------------|
| Business Name: | | |
| Mailing Address: | | |
| Applicant Phone Number: | | |
| Grant Applicant Social Secu Federal Employer Identification | rity Number OR n Number (FEIN): | |
| Type of Business Entity: Individual Partnership | Corporation Other | |
| Building/Site Information | (please attach a copy of the deed to t | he property) |
| Building Name (if applicable): | | |
| Building/Site Address: | | |
| How is the title held to the prop Individual | perty? Corporation Limited Liability Company | Land Trust Partnership Other |
| Name(s) of property owners(s): | | |
| (Note: All beneficial owners of partnership must be listed.) | a Land Trust, members of a Limited | Liability Company and partners in the |
| Owner(s) phone: | | |
| (Application continued on next | page) | |



ALTON TAX INCREMENT FINANCE GRANT PROGRAM

CITY OF ALTON, ILLINOIS Department of Planning and Development

101 E Third • Suite 202 • Alton, Illinois 62002

Telephone: (618) 463-3801 Fax: (618) 463-0972 E-mail: permits@cityofaltonil.gov Website: www.cityofaltonil.gov

Property Information (This information can be obtained at the Alton Township Assessor's Office, 102 E. Broadway/ telephone 462-0671) Property Index Number(s): Site square footage: Building square footage: Number of floors in building: **Project Information** General Project Description with detailed budget. Please attach additional sheets if needed. Furthermore, architectural renderings and floor plans shall be submitted if utilizing the ARTIF Grant Program. Project Financing: Other____ Bank Private Bank Name: Bank Address: Bank Contact/Phone Number: **Contractor Information** Please attach three bids if utilizing the ATIF Grant Program. Please attach complete list of contractors and subcontractors if utilizing the ARTIF Grant Program. Received/Reviewed (date) _____Applicant Signature _____

Staff Signature