



# Downtown Building Rehabilitation Program Application



Business Name: \_\_\_\_\_ # of Employees at this location: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Electronic signature will be represented by typing full, legal name in the specified signature box and I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

What type of facility is this building? \_\_\_\_\_ Is it mixed use? \_\_\_\_\_  
 Are there current residential rental units within building? \_\_\_\_\_ If so, how many? \_\_\_\_\_  
 How many stories above ground is your building? \_\_\_\_\_ Is your building vacant? \_\_\_\_\_  
 Do you have a lease agreement pending rehabilitation? \_\_\_\_\_ If so, who/what? \_\_\_\_\_  
 Is the building considered historic? \_\_\_\_\_ If so, is the building registered with state or national historical? \_\_\_\_\_  
 Do you have a business plan? \_\_\_\_\_ If yes, attach to application.  
 How will you project bring a building back into use? \_\_\_\_\_

How will your project impact the community? \_\_\_\_\_

How will your project impact the region? \_\_\_\_\_

If applicable, note impact to job creation and retention: \_\_\_\_\_

What building codes are currently in violation? \_\_\_\_\_

List any building accessibility concerns? \_\_\_\_\_



# Downtown Building Rehabilitation Program Application



Are you ready to start the project within 90 days? \_\_\_\_\_ Estimated construction start date? \_\_\_\_\_

\*\*\*Current prevailing wage compliant estimates are due with application submission\*\*\*

Have you applied for other grants? \_\_\_\_\_ If so, list lenders and amounts: \_\_\_\_\_ \$ \_\_\_\_\_

Have these grants been committed or awarded? \_\_\_\_\_ \$ \_\_\_\_\_

Anticipated date of construction: \_\_\_\_\_ \$ \_\_\_\_\_

Have you secured a loan? \_\_\_\_\_ If so, how much? \$ \_\_\_\_\_ Where? \_\_\_\_\_

How much are you willing to pay out of pocket? \$ \_\_\_\_\_

Are you using an architect or structural engineer? \_\_\_\_\_

List items you would like to repair, replace or install:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Please submit supporting documentation and current prevailing wage compliant bids with your application submission.

*Thank you!*

Additional Applicant Comments: \_\_\_\_\_

Submit applications to:

**Attention: Noah Ningen**  
**Mail: AEOA**  
**2900 E. Beltline STE: #9. Hibbing, MN 55746**  
**Email: noah.ningen@aeoa.org**  
**Fax: (218) 780.8061**

BY SIGNING THIS RELEASE FORM YOU ALSO HEREBY GRANT PERMISSION FOR AEOA AND IRRR TO TAKE AND USE: TESTIMONIALS AND/OR COMMENTS SAID DURING THE BUSINESSES PROJECT AND PHOTOGRAPHS AND/OR DIGITAL IMAGES OF THE BUSINESS/PROJECT FOR USE IN NEWS RELEASES AND/OR EDUCATIONAL MATERIALS. THESE MATERIALS MIGHT INCLUDE PRINTED OR ELECTRONIC PUBLICATIONS, WEB SITES OR OTHER ELECTRONIC COMMUNICATIONS. YOU FURTHER AGREE THAT YOUR BUSINESS NAME AND IDENTITY MAY BE REVEALED IN DESCRIPTIVE TEXT OR COMMENTARY IN CONNECTION WITH THE IMAGE(S).

YOU AUTHORIZE THE USE OF THESE IMAGES WITHOUT COMPENSATION.

ALL NEGATIVES, PRINTS, DIGITAL REPRODUCTIONS SHALL BE PROPERTY OF AEOA.

**\*\*\*Make application fee of \$500.00 out to AEOA\*\*\***

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Electronic signature will be represented by typing full, legal name in the specified signature box and I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

