



COMMERCIAL IMPROVEMENT PROGRAM

*Supporting the beautification
and rehabilitation of
businesses in the
City of Madison*

APPLY TODAY FOR
BUSINESS
REVITALIZATION
OPPORTUNITIES!

Program Contact:
Please Contact City Hall
for an Application
320-598-7373

Eligible Uses

Lights, Awnings, Signs,
Paint, Windows, Doors,
Roof Repair, & More!

Matching Loan

1/3 Owner Investment
1/3 Loan
1/3 Forgivable Loan

Requirements

- Commercial property must be within City of Madison
- Commercial property must be current on taxes and obligations with the City of Madison





Economic Development Authority - Commercial Improvement Program

Program Funding:	<p>The City of Madison's Economic Development Authority is funding this program.</p> <p>This program contains an award amount of maximum \$4,000 to each project. (Explained in more detail under "Matching Loan" section)</p>
Disbursement:	<p>Funds are dispersed after proper documentation has been provided and approval process has been completed.</p>
Duration:	<p>The program will be ongoing. All projects must be completed with submitted invoices and photos within 12 months of the award date, unless applicant provides a written reason that the EDA accepts to extend the time. Any projects that fail to meet these requirements will not be eligible for reimbursement regardless of approval.</p>
Matching Loan:	<p>1/3 of the project cost will be owner investment, 1/3 of the project cost will be a loan from the city at a prime rate, and the last 1/3 of the project cost will be a forgivable loan from the city. (i.e., project will consist of \$2,000 from the business owner, \$2,000 loan from the city, and \$2,000 forgivable loan from the city)</p> <p>Requirements:</p> <ol style="list-style-type: none">1. Commercial building/property must be within the city of Madison.2. Property must be current on taxes and obligations with the City of Madison.
Eligibility:	<p>See page 2 for eligible project list.</p>
Loan Forgiveness:	<p>The forgivable loan portion will have 25% forgiven over each full year after approval and fully forgiven after 4 years (pro-rated monthly during each year) beginning from the date of reimbursement.</p>
Program Contact:	<p>Jim Connor (EDA President) 320-226-4214, or Val Halvorson (City Manager) 320-598-7373</p>

Commercial Improvement Program – Guidelines

The purpose of this program is to assist property and business owners with external development/improvement of their buildings in the City of Madison. This will help preserve current real property in the City of Madison.

Eligible Projects:

- Rehab/replacement of exterior structure of the building including foundation, brick, masonry, and other era-appropriate structural elements
- Rehab/replacement of exterior windows and doors visible from public areas that enhance the character of the building
- Painting of building exterior; including necessary scraping, repairing and preparation for completion
- Rehab/replacement of era-appropriate siding/ exterior covering
- Roof Repair
- Installation of era-appropriate brick/stone onto building façade
- Awnings and canopies (including the installation of new awnings and removal of deteriorating awnings and canopies)
- Signage
- Ancillary decorative lighting
- Screening of unsightly features such as utility connections, dumpsters, etc.
- Other permanent or semi-permanent decorative features that enhance visual aesthetics

Ineligible Projects:

- Any interior work
- New construction and building additions
- Acquisition
- Improvements not visible from public areas
- Moveable landscaping features
- Improvements already completed or in progress at the time of application

Evaluation Criteria:

- Need for rehabilitation on the proposed project
- The overall impact on the community
- Aesthetic improvement to the area
- Total project cost and need for assistance
- Total owner investment/equity in the project

Commercial Improvement Program – Application
Madison Economic Development Authority (Incomplete applications will not be reviewed)

Name: _____ Date: _____

Business: _____

Email: _____ Phone: _____

Mailing Address: _____

City/State/ZIP: _____

Project Address: _____

Project Parcel ID #: _____

Project Summary: _____

Total Project Cost: _____ Total Amount Requested: _____

Application Certification

We, the undersigned, certify that the information submitted is true and accurate to the best of our knowledge, that we have read, understand, and will comply with the program guidelines. We understand that this application will be reviewed based on the information provided herein. If the final project does not meet minimum program guidelines, the City of Madison reserves the right to deny payment. We confirm that if approved, the City may use the approved company's name and information in promotional/publicity materials, events, etc.

But for the assistance provided through this program by the City of Madison Economic Development Authority, we would not have the resources to complete this project to the extent that we will with assistance.

Name/Title (printed)

Name/Title (printed)

Signature

Date

Signature

Date

Commercial Improvement Program – Process

Madison Economic Development Authority

Step 1:

- Applicant must submit commercial improvement program application with the following documentation:
 - Description of entire project
 - Before photos
 - Real written cost estimates of entire project
 - Confirmation from city (most likely an email) that project is compliant with permitting and ordinances
 - Indicate how much funds would be used from the commercial improvement program
 - Prove that funds have been acquired or are available for the project through a letter of credit or a letter stating necessary funds are available in applicant's bank accounts
 - Leased properties must provide a copy of the lease and written permission from the property owner
 - Any other documentation the EDA requests

Step 2:

- The retail committee will identify if the project meets eligibility requirements. If so, then the committee will bring it to the next EDA meeting for further review.

Step 3:

- Upon the further review the EDA will either approve or deny the project application.

Step 4:

- The EDA will then contact the applicant on its decision to approve or deny the application, and if approved will arrange for the signing of required documentation.

Step 5:

- Applicant makes its approved improvements and pays all invoices related to the improvements.

Step 6:

- Applicant submits documentation of work completed in accordance to approved plans and specifications to the City of Madison EDA within 12 months of the award date.

Step 7:

- The City of Madison EDA President, or otherwise specified personnel, will bring final documentation to the next meeting and based on the final documents either approve or deny the final request for reimbursement for the forgivable loan portion of the project.

Step 8:

- Funds will be available to approved applicants up to 12 months from the date of the project approval by the EDA.

Application Checklist

Required documentation for application:

- ☐ Completed application form
- ☐ Real cost estimate of entire project
- ☐ Project plans, drawings, or sketches
- ☐ Photos of property work area before work begins
- ☐ Confirmation from City of Madison that project is in accordance with permitting and ordinances
- ☐ Other documents requested by EDA
 - For a leased property a copy of the lease and written owner permission is required.

Required documentation for reimbursement:

- ☐ Photos of property after work is complete
- ☐ Proof of payment (invoice, receipt, etc.)

Note:

- Madison EDA will approve or deny reimbursement based on completed project documentation and receipts of work completed and paid for by applicant
- Request for reimbursement must be done within 12 months of project approval
- Applicants will be denied if the proposed improvements do not follow these guidelines or improve the general character of the building/property and community as a whole
- The City of Madison EDA reserves the right of ultimate review. The EDA may, at its discretion, approve projects that deviate from these guidelines if the proposed project is deemed within the general intent of these guidelines and is in the best interest of the community.

City of Madison Loan Bank Pay Authorization

I hereby authorize the City of Madison, hereinafter called the Sender, to initiate a debit entry in the amount equal to my loan monthly payment amount, _____ to my Loan indicated below and the financial institution named below. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of the U.S. law. **If the payment due date, which is the 1st day of each month, falls on a holiday or weekend, the payment will be deducted on the next business day.**

I agree to maintain an account with a sufficient balance to cover these payments. As long as a sufficient balance is maintained in the account to cover any payment authorized, I understand that I will not be in default of my payment. I also agree to have sufficient funds in the account at my financial institution before the date the payment is transferred. I understand that if sufficient funds are not available in the account at the specified time of transfer, I will be responsible for non-sufficient funds service fees (\$35) and late charges, if applicable. Having non-sufficient funds in my account may preclude me from participating in the Bank Pay Authorization service in the future.

I understand that I must provide written confirmation if my loan or bank account information or financial institution has changed or if I wish to discontinue this Bank Pay Authorization, by signing where indicated below. The written confirmation must be provided to Sender at least 5 business days prior to the due date on the 1st day of each month.

Your Information

Name on Loan (Please Print)

Loan Information

Address

City, State, Zip Code

Phone Number

Date Signed

Signature

Bank Information

Name On Bank Account (Please Print)

Bank Account Number

Account Type

☐ Checking ☐ Savings

Transit Routing Number

Financial Institution

Financial Institution Address

Financial Institution City, State, Zip Code

IF YOU WISH TO CHANGE YOUR PAYMENT AUTHORIZATION, COMPLETE BELOW:

I request the following change to my Bank Pay Authorization:

_____ Bank Acct No. _____ Bank Routing No. _____ Loan

I have made the necessary changes to the information provided above and authorize the Sender to make the change as indicated.

-OR-

I hereby cancel automatic Bank Pay completely. This cancellation is to take effect immediately and remain in full force and effect until the Sender has received further written notification from me. I understand that I must provide cancellation notice at least 5 business days prior to the due date on the 15th day of each month.

Signature

Date

Printed Name