



# **CITY OF LINCOLN, ILLINOIS**

700 Broadway St., P.O. Box 509, Lincoln, IL 62656

*Named for and Christened by Abraham Lincoln, 1853—Incorporated February 16, 1865*

*COMMITTEE OF THE WHOLE MEETS SECOND AND FOURTH TUESDAY NIGHTS EACH MONTH*

*CITY COUNCIL MEETS FIRST AND THIRD MONDAY NIGHTS EACH MONTH*

## **Economic Development Grant Program Application**

For eligibility purposes, the property for which this application is made should be zoned “Commercial”.

Applications for this reimbursement grant must be reviewed by the Lincoln Economic Development Grant Commission and approved by the Lincoln City Council prior to beginning the project. **Payment will be reimbursed upon completion of the project, the presentation of paid in full receipts, copy of the cleared check showing paid in full, and City inspection approval per City, State and International Code.** Work completed prior to staff review is ineligible, unless specifically amended by the Lincoln City Council.

The applicant is requested to provide a brief description of public benefit to the City resulting from the development of the proposed project, including improvements to any public infrastructure and economic quality of life issues for the City of Lincoln. Discuss how the proposed project addresses the objectives and project activities set forth in the City of Lincoln, including an explanation as to how the project will eliminate or mitigate blighting conditions in the City of Lincoln. Also describe how the proposed project will stabilize the surrounding area and promote additional development in adjacent areas.

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.

Applicants must provide **(2) two itemized estimates on official letterheads**, from **(2) two different contractors** with the completed application. Applicant must have answered each question in the application before submitting it for review. If the application is not complete or does not contain (2) two estimates from (2) two different contractors, the application will not be accepted. Applicants must also provide before and after photos of each project before receiving reimbursement check.

**NOTE: THE CITY OF LINCOLN, ILLINOIS RESERVES THE RIGHT TO DENY ANY GRANT APPLICATION OR TO PROVIDE ONLY PARTIAL FUNDING OF THE GRANT APPLICATION. A MINIMUM OF (8) EIGHT WEEKS WILL BE REQUIRED TO PROCESS THE APPLICATION. NO APPLICATIONS WILL BE ACCEPTED FROM MARCH 1<sup>ST</sup> – APRIL 30<sup>TH</sup> OF EACH FISCAL YEAR. MEETINGS WILL BE HELD THE 3<sup>RD</sup> FRIDAY OF EACH MONTH.**

**Please Submit Application to:** Lincoln Economic Development Grant Commission  
c/o City Clerk’s Office  
700 Broadway Street  
Lincoln, IL. 62656

**Applicant Name:** \_\_\_\_\_

**Applicant Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant Telephone #:** \_\_\_\_\_

**Applicant Email Address:** \_\_\_\_\_

**Corporate Name:** \_\_\_\_\_

**D/B/A:** \_\_\_\_\_

**Corporate Mailing Address:** \_\_\_\_\_

**Corporate Telephone #:** \_\_\_\_\_

**Corporate Email Address:** \_\_\_\_\_

**1) Type of Business Entity: (Check all that apply)**

\_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Corporation

\_\_\_\_\_ LLC

\_\_\_\_\_ Partnership

\_\_\_\_\_ Combination

**Are you a Non-for-profit:** \_\_\_\_\_YES \_\_\_\_\_NO

I am applying for a \$\_\_\_\_\_ Grant.

Have you applied for or received an economic development grant in the past? If so, Please provide the year(s) and said project(s):

| <u><b>YEAR</b></u> | <u><b>PROJECT DESCRIPTION</b></u> | <u><b>AMOUNT(S)</b></u> |
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| <u>YEAR</u> | <u>PROJECT DESCRIPTION</u> | <u>AMOUNT(S)</u> |
|-------------|----------------------------|------------------|
| <hr/>       | <hr/>                      | <hr/>            |
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## 2) Project Category:

With the focus of this grant being structural in nature, items to be considered for cost reimbursement At pre-determined maximums per application will include but not limited to:

**Foundation Systems to Include:** Strip/Pad Footings, Foundation WaHs (Pre-Cast, CIP or Tilt), Slabs, Piers, Posts, Piles, Caissons, Damp-Proofing, Drainage Systems, and Associated Reinforcement Material.

**Wall Systems to Include:** Wood, Steel Brick, CMU and Concrete Framing Assembly's, Headers, Plates, Posts, Tuck-pointing, Back-Plastering, Interior Load Bearing Wall Systems, Associated Connecting Hardware and Exterior Windows and Doors that are not covered under any other grant program.

**Floor Systems to Include:** Posts, Beams, Girders, Joists, Box-Sill, Headers, Sub Floor Sheathing, Blocking, Stair Framing Members and All Associated Hardware.

**Roof Structure to Include:** Finished Roof Material, Sub-Sheathing, Trusses, Joists, Beams, Blocking, Purlins, Ledgers, Parapets, Hangers, Mechanical Curbing, Flashing, and Drainage Systems.

**Structural Repair of Existing Non-bearing Components:** (i.e.: chimneys, decorative lentils, corbels and cornices that are an integral part of a bearing wall assembly)

Demolition and haul-off of dangerous/hazardous structural components, provided the removal and demolition of individual items does not create any additional exposed, damaged or dilapidated components.

**Building Name(If Applicable):** \_\_\_\_\_

**Building Address:** \_\_\_\_\_

**How is the Title Held to the Property:**

☐ Individual  
☐ Corporation  
☐ Land Trust  
☐ Partnership  
☐ Limited Liability Company  
☐ Other: \_\_\_\_\_

3) Name of Property Owner: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

(All Beneficial Owners of a Land trust, Members of a Limited Liability Company, and Partners in a Partnership must be listed)

Additional Owner Name & Telephone#: \_\_\_\_\_

Additional Owner Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Additional Owner Name & Telephone#: \_\_\_\_\_

Additional Owner Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Additional Owner Name & Telephone#: \_\_\_\_\_

Additional Owner Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Additional Owner Name & Telephone#: \_\_\_\_\_

Additional Owner Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Additional Owner Name & Telephone#: \_\_\_\_\_

Additional Owner Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Additional Owner Name & Telephone#: \_\_\_\_\_

Additional Owner Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

4) Building Data:

**TOTAL**

Site Square Footage: \_\_\_\_\_

Building Square Footage: \_\_\_\_\_

Number of Floors in Building: \_\_\_\_\_

Approximate Year Constructed: \_\_\_\_\_

Real Estate Taxes Paid: \_\_\_\_\_

**5) Current Use:**

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**6) General Project Description and/or Proposed Use:**

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**7) Is the Property Use permitted under the current zoning classification applicable to the property? If not, will a Zoning Change or Special Use Permit be required?**

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**8) Identify the Proposed Tenants of the project. Indicate whether leases have been negotiated and provide the status of any such negotiations:**

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**9) Project Financing/Use of Funds:  
Description of Construction/Renovation Cost Estimate for Project:**

Applicable to Project: \_\_\_YES \_\_\_NO

Item Description: \_\_\_\_\_ Bid(s): \_\_\_\_\_

Item Description: \_\_\_\_\_ Bid(s): \_\_\_\_\_

Item Description: \_\_\_\_\_ Bid(s): \_\_\_\_\_

Item Description: \_\_\_\_\_ Bid(s): \_\_\_\_\_

Item Description: \_\_\_\_\_ Bid(s): \_\_\_\_\_

Item Description: \_\_\_\_\_ Bid(s): \_\_\_\_\_

**10) Provide Narrative Explaining How the Project Would Be More Limited to Complete Without Receiving City of Lincoln Economic Development Grant Funding Assistance:**

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**11) Provide Evidence That the Applicant Possesses the Financial Ability to Complete and Operate the Proposed Project:**

**A. Identify Sources, Amounts and Status of All Debt Financing and/or Equity Funding Available to Complete the Project:**

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**B. Has the Applicant Explored Alternative Financing Methods for the Proposed Project before applying for the use of City Funds?**

\_\_\_ YES \_\_\_ NO

**If you checked YES: Enterprise Zone:** \_\_\_\_\_

**Historic Preservation Tax Credits:** \_\_\_\_\_

**Opportunity Zone:** \_\_\_\_\_

**Other:** \_\_\_\_\_

The Undersigned has applied for the grant described in this application and the proceeds of said grant will be used in connection with the project described herein. The Applicant agrees to abide by all City of Lincoln Economic Development Grant Program Guidelines. The Applicant agrees to furnish specifications, plans, and contractor bid(s) information listed as application attachments and any additional information to the City as needed to review and consider this request.

The Undersigned understands s/he will be precluded from applying for City of Lincoln, IL, funds under the following circumstances:

- 1) If the Applicant is in arrears on money owed to the City or any other unit of government. This would pertain to taxes payable to any governmental body, but it would also include unpaid sewer bills, liens, ordinance violations or parking fines owed to the City of Lincoln, IL.
- 2) If the Applicant has previously received funds from the City for specific projects or has agreed to complete certain projects, but has not fulfilled those obligations (e.g., an Applicant who has failed to complete the construction or rehabilitation of a building for which s/he has received City funds or which s/he has agreed to rehabilitate as part of a larger project).

By execution of this application, Applicant acknowledges and consents for the City to conduct any and all credit history checks it deems necessary and appropriate.

By execution of this application, Applicant is aware that falsifying any information on this grant application may result in termination of application.

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**Applicant's/Owner's Signature**

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**Title**

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**Date**

**(For Office Use Only. Applicant – Do Not Write Below This Line.)**

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**Date Application Received** \_\_\_\_\_ **Staff Signature** \_\_\_\_\_

**Commission Checklist:**

- \_\_\_ **Commercial Property**
- \_\_\_ **Owns the Building**
- \_\_\_ **No Unpaid Debt with the City of Lincoln**
- \_\_\_ **Application Complete**
- \_\_\_ **(2) Estimates Provided by (2) Different Contractors**
- \_\_\_ **Owner's Signature**
- \_\_\_ **Required Building/Construction Permit(s)**
- \_\_\_ **Before Photo of Project**
- \_\_\_ **After Photo of Project**

Notes (Cont'd.):

[illegible]

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |  |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Print or type.<br>See Specific Instructions on page 3. | <b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    |  |
|                                                        | <b>2</b> Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |  |
|                                                        | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br>(Applies to accounts maintained outside the United States.) |  |
|                                                        | <b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    |  |
|                                                        | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Requester's name and address (optional)                                                                                                                                                                                                                                                                            |  |
| <b>6</b> City, state, and ZIP code                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |  |
| <b>7</b> List account number(s) here (optional)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |  |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                       |  |  |  |   |   |  |  |   |  |  |  |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|--|
| <b>Social security number</b>         |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  | - |   |  |  | - |  |  |  |
| <b>or</b>                             |  |  |  |   |   |  |  |   |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  |   | - |  |  |   |  |  |  |

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                          |      |
|------------------|--------------------------|------|
| <b>Sign Here</b> | Signature of U.S. person | Date |
|------------------|--------------------------|------|

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they