

City of Milwaukee Commercial Revitalization Grant Application



Contact
Commercial Corridor Team
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Milwaukee, WI 53202
(414) 286-8201
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Introduction

Commercial corridors are the windows to our neighborhoods and can play a significant role in improving neighborhood perception and quality of life. Commercial corridors are the major arterials that connect neighborhoods and are the first glimpse people experience when entering into residential areas. They are comprised of nodes and clusters of commercial buildings and businesses. When we imagine healthy neighborhoods, we think of well kept storefronts filled with businesses that offer the community and surrounding area places to shop, eat, work and play.

The goal of the Commercial Revitalization Grant Program is to assist and incentivize the enhancement of commercial properties and storefronts in Milwaukee’s commercial corridors. The grants are intended to eliminate blight, enhance building aesthetics, and activate the public realm by assisting businesses achieve higher quality storefronts to attract customers and improve neighborhood perceptions.

Ineligible Projects

Ineligible Properties	Ineligible Uses/Modifications
<ul style="list-style-type: none"> • Tax delinquent or tax exempt properties • Properties with condemnation or raze orders • Properties in receivership or litigation • Applicants with other delinquent property taxes • Properties not located on publicly visible commercial corridors • Properties not zoned for commercial purposes • Exclusively residential properties • New construction projects shall be considered on a case by case basis • Grant funds cannot be used to fix property damage covered by insurance • Grant funds cannot be used solely to correct outstanding building code violations • Routine maintenance such as painting, tuck-pointing or other work that does not result in a visibly noticeable improvement 	<ul style="list-style-type: none"> • Religious Assembly • National Franchises or Retail Chain Stores • Tobacco and/or Liquor Stores • Pawn Shops • Strip Clubs • Cash for Gold • Pay Day Loan Store • Multi-Level Marketing • Gun Stores • Non-public and non-profit uses • Daycare or Childcare Centers • Exclusively Liquor Establishments • External Security Gates or Bars on windows or doors • Internally Lit Cabinet Signs • Tinted, Reflective or Non-Transparent Window Treatments or Glazing • Applicants who have received an award in the previous 12 months

Application and Approval Process

Individuals interested in applying for the Commercial Revitalization Grant program should first contact the Commercial Corridor Team to discuss their project. Applications are accepted throughout the year and are reviewed by the Business Resource Committee once a month to determine if the project merits an award and an award amount. A completed application package is due a minimum of two weeks prior to the committee meeting. **Any expenses incurred or work started prior to committee approval will be ineligible for reimbursement.**

Once approved, applicants have up to 9 months from the date of committee approval to complete the project. Any changes to project design or contractors must be approved in writing by staff prior to project alterations. **Grant approval does not guarantee that presented work meets all permitting codes and zoning ordinances. Applicants and their contractors are responsible for obtaining all required permits, approvals and licenses. Contractors should have the appropriate licenses and qualifications for the work they are performing.**

Once the project is completed, staff will verify that all work has been completed. See page 3 for compliance and reimbursements guidelines.

Compliance and Reimbursement Guidelines

Beginning Project

Applicants must wait for the application to be approved before making any payments towards, or starting work on, grant eligible expenses. Payments made or work started before approval shall be ineligible for reimbursement.

Changes to Project or Contractors

Once approved by the Business Resource Committee, applicants can begin work on their project. All grant awardees **MUST** obtain approval from CCT staff for any changes to the contractors or project details that were submitted in the application. CCT staff reserve the right to refuse reimbursement in part, or in whole, for unauthorized changes. Awardees should ensure they, or their contractors, have secured all the necessary permits for their project. Grants may be terminated for non-permitted work.

Grant Extensions

All grant awardees have up to 9 months to complete their projects from the date of committee approval. Unanticipated events or situations may result in a longer project. In certain circumstances, awardees may apply for grant extensions; however, they must do so prior to the expiration of the grant and demonstrate significant progress at the time of request. Staff reserve the right to terminate grants based on the time limits if the project has not shown significant progress or the awardee has become non-responsive.

Reimbursement

Upon completion of the project, staff will visit the site of the project to inspect the work. Awardees must submit copies of paid invoices **AND** proof of payment for each invoice to demonstrate that they have met all the required matching expenditure amounts. Copies of posted checks or bank statements are acceptable forms of Proof of Payment. Lien waivers cannot be used as proof of payment. **Cash payments are not allowed.**

Once the work is confirmed and the necessary documents have been submitted, please allow up to **90 days** for the reimbursement to occur.

Criteria for Consideration

Location

Special Consideration may be given to projects within Community Development Block Grant (CDBG) Areas Target Investment Neighborhoods, Business Improvement Districts, Neighborhood Improvement Districts, and Commercial Corridors with significant blight or storefront vacancies

Activation of the street

All work must be done on a street facing side of an existing building
All work must be done on the exterior of the building and result in a publicly visible improvement.
Work on the rear or roof of the building is not eligible for a façade/signage grant.
Live-in studios must be classified as a commercial or mixed use building. Staff will conduct a site visit.
Will the project ameliorate a blighting influence?

Funding Need

Will the grant result in an improvement that would not be made otherwise?
Will the project substantially leverage more investments than the required matching amount of the grant?

Design

Complies with City Building code and all applicable bodies that govern design (e.g. Historic Preservation, Architectural Review Board, etc.)
Does the project utilize higher quality materials?
Is the work being proposed an enhancement?
If required, has the project obtained a Certificate of Appropriateness or approval by an Architectural Review Board (ARB)? (*examples include locally designated historic districts or buildings and/or the Third Ward and East Side ARB*)

Community impact

Does the proposed project serve the community or contributing to the well-being of the neighborhood?
Does the project positively contribute to the development and growth of the corridor?
Is there community support for the project?

Commercial Revitalization Grant Program Application

APPLICANT INFORMATION - *Who is applying for and receiving the grant funds?*

Full Name:	Preferred Mailing Address:
Phone Number:	City, State, Zip Code:
Email Address:	Are you the head of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the grant programs?	How many people reside in your household?

Gender *(please select one, listed in alphabetical order):*

Female
 Male
 Non-Binary
 Prefer Not to Answer
 Transgender

Race *(please select one, listed in alphabetical order):*

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Chicana/o, Hispanic, Latino/a, Latinx
<input type="checkbox"/> American Indian/Alaskan Native/Native American	<input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> Asian/Indian/Southeast Asian	<input type="checkbox"/> Multi Race/Mixed
<input type="checkbox"/> Caucasian/European American/White	<input type="checkbox"/> Other _____

Do you own the property where these improvements will be made? Yes No*

**If you answered "No" to this question, please provide a letter from the owner of the building confirming authorization of the project*

Please list all properties the applicant owns in the City of Milwaukee:

Which grants are you applying for? *(please mark all that apply):*

Signage
 Façade
 Storefront Activation - If you marked Storefront Activation, list the amount of commercial space being remodeled : _____ (square feet)

PROJECT INFORMATION - *Where will the improvements be made?*

Address of the Project:	Building Owner Contact Full Name:
Name of the Entity that owns the building:	Owner Contact Address:
Type of Ownership: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	City, State, Zip Code:
How many years has this ownership owned this property?	Phone Number:

BUSINESS / OCCUPANT INFORMATION - *Who will be the final end user?*

**Name of Business:	Type of Business:
Business Contact Name:	Will this business sell alcohol or alcoholic beverages: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone Number:	If you will be serving alcoholic beverages, please estimate what percentage of overall sales will be from alcohol: _____ %
Business Email:	

**If a final user has not been confirmed, please enter TBD and list the type of businesses you are seeking:

Signature

By signing below, I acknowledge that I have read, understand, and accept the rules and guidelines of the Commercial Revitalization Grant Program and that submittal of this application does not guarantee my project will be awarded a Grant.

Signature: _____ Date: _____

Signage Enhancements Worksheet

Activity (If applicable)	Description of Materials and Activities	Quote 1 Contractor _____	Quote 2 Contractor: _____	Estimated time to complete
Sign Fabrication <i>(Please include measurements and dimensions in rendering)</i>				
External Lighting Fixtures <i>(If applicable)</i>				
Electrical Work <i>(If applicable)</i>				
Installation				
Awnings <i>(If applicable)</i>				
Contractor Fee <i>(If not included in price)</i>				

TOTAL				
REIMBURSEMENT AMOUNT ESTIMATE	= Lowest BID x 50% (Maximum amount: \$2,500) <i>Subject to Committee Approval</i>			

In addition to this form, please include:

- Renderings or drawings of the proposed sign
- Official quotes from two licensed and bonded contractors detailing the above costs

We also recommend that you contact the development center to obtain a sign permit before starting your project to ensure your sign meets City guidelines. This may help to prevent losses resulting from signs that do not meet City codes.

Facade Enhancements Worksheet

Activity (If applicable)	Description of Materials and Activities	Quote 1 Contractor _____	Quote 2 Contractor: _____	Estimated time to complete
Major Façade Alterations				
Window Improvements				
Awnings				
Doors				
Lighting Improvements <i>(Only included if part of a larger overall project)</i>				
Landscaping <i>(Only included if part of a larger overall project)</i>				
Fencing <i>(Only included if part of a larger overall project)</i>				
Contractor Fee <i>(If not included in price)</i>				

TOTAL				
REIMBURSEMENT AMOUNT ESTIMATE	= Lowest BID x 50% (Maximum amount: \$5,000*) <i>Subject to Committee Approval</i>			

*More than 1 façade on a corner building or multi-storefront building will be considered on a case by case basis however no more than 1 grant is guaranteed. Additionally, a façade grant of up to \$10,000 will be considered on a special basis for the most visible façade if the project leverages higher matching investment, higher quality materials, and design that enhances the building and the corridor.

In addition to this form, please include:

- Renderings, elevations or drawings of the proposed façade improvements
- Official quotes from two licensed and bonded contractors detailing the above costs

Storefront Activation Worksheet

*****DO NOT APPLY FOR A RIF GRANT IF YOU ARE APPLYING FOR STOREFRONT ACTIVATION*****

Activity (If applicable)	Description of Materials and Activities	Quote 1 Contractor _____	Quote 2 Contractor: _____	Estimated time to complete
Demolition				
Ceiling				
Lighting				
Plumbing				
Interior Walls				
Electrical Work				
Flooring				
HVAC (Heating/Cooling)				

TOTAL				
REIMBURSEMENT AMOUNT ESTIMATE	= Lowest BID x 50% Maximum of \$10 per Square Foot Not to exceed \$25,000 <i>Subject to Committee Approval</i>			

In addition to this form, please include:

- Renderings, drawings or floor plans of the proposed storefront activation improvements
- Official quotes from two licensed and bonded contractors detailing the above costs

Project Uses and Sources Form

Project Uses

(Please calculate your estimated total project costs. Please note that not all costs are eligible.)

Category (if applicable)	Amount (\$)
Purchase Building	
Remodeling / Improvements (Total)	
Equipment Purchases	
Other _____	
Other _____	
TOTAL USES	

Project Sources

(How will the project be paid for?)

Category (if applicable)	Amount (\$)	Has this source been secured? (Yes or No)
Bank/CDFI Loan 1 (Lender _____)		
Bank/CDFI Loan 2 (Lender _____)		
Owner Equity / Cash		
City Grant Funding		
Other Grant Funding (Identify _____)		
Other Grant Funding (Identify _____)		
TOTAL SOURCES		

PROJECT USES AND SOURCES SUMMARY

Category	Amount (\$)
Total Uses	
Total Sources	
GAP (Total Uses - Total Sources)	

Commercial Revitalization Grant Program Property Owner Consent Form

Property Owner Information

Address of the Project:	Building Owner Contact Full Name:
Name of the Entity that owns the building:	Owner Contact Address:
Type of Ownership: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	City, State, Zip Code:
How many years has this ownership owned this property?	Phone Number:

By signing below, I hereby certify that I am authorized to grant the applicant permission to perform the building alterations proposed in this application.

Signature: _____ Date: _____

Print Name: _____

Acknowledgements

Please initial each statement to acknowledge your understanding:

Initials

- Submittal of an application does not guarantee that my project will be awarded a grant. _____
- Any expenses incurred or work performed prior to committee approval will be ineligible for reimbursement. _____
- Grant approval does not guarantee that work presented meets all permitting codes and zoning ordinances. I will be responsible for ensuring the work performed is up to code and permits are applied for to comply with my grant award. _____
- I need to obtain written permission from grant staff prior to making any changes to the designs of the project. I acknowledge that failure to do so will result in the potential forfeiture of my grant as the final project will not comply with the designs that were approved by the committee. _____
- I need to obtain written permission from grant staff prior to working with any new contractors not approved in my application. I acknowledge that failure to do so will result in partial or full forfeiture of my grant _____
- Submitting fraudulent documents or efforts to circumvent the guidelines and rules of the grant can result in complete forfeiture of my grant. _____
- Reimbursement will require copies of paid invoices and proof of payment including images of posted checks or credit card statements. I may also be required to submit additional documents. _____
- I understand that cash payments are not allowed and that Lien Waivers Cannot be substituted for proof of payment. I understand that failure to provide the sufficient documents will result in forfeiture of eligible grant expenses or a reduced final grant reimbursement. _____
- It is my responsibility to ensure the project is completed in the appropriate amount of time and that due to the high demand for the programs, that my funds cannot be held indefinitely. _____
- It is my responsibility to request any extensions prior to my grant expiration date and that the City has the right to deny my extension if I have not demonstrated sufficient progress in completing my project. The City also has the right to terminate my grant if it is expired and I have not responded to staff. _____

Signature: _____

Date: _____

Print Name: _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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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.

Sign Here	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Application Checklist

- Contact the Commercial Corridor Team for a consultation and to arrange a site visit and discuss the project (414-286-8201)
- A completed application form (Page 2)
- 2 detailed quotes from licensed and bonded contractors for all grant eligible activities *(Pages 5-7 can be used to organize quotes and estimate potential grant award)*
- A rendering or illustration that visually demonstrates the impact of the improvements proposed; the documents should provide accurate measurements, proportions and descriptions of colors and materials that will be utilized
- For businesses applying for Storefront Activation incentives, a business plan summary and floor plan with square footage must also be included as part of the application describing products and services, hours of operation, and staffing needs, etc. Property owners must to submit a floor plan.
- Project uses and sources form (Page 8)
- If applicant is leasing the property, include Property Owner Consent Form (Page 9)
- An initialed acknowledgements Form (Page 10)
- A completed current W9 Form Version 2018 or newer (Page 11)