



Oskaloosa Main Street

Amy Brainard, Director

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641-672-2591



CHALLENGE GRANT 2021

Pre-Application • Due August 1, 2022

| | | | | | | | | | | | | | | | |
|---|-----------------------------|------------------------|----------|------------------------|-----------|-----------------------------|-------|---------------------------|----------|---------------------------|-------|----------------------------|--------|----------------------------|---|
| <p>Overview</p> <p>Main Street Iowa Challenge Grants are available for brick-and-mortar building projects that contribute to the development of designated Main Street Iowa districts.</p> <ul style="list-style-type: none"> - Maximum award: \$100,000. Minimum award: \$25,000. - 1:1 match required. In-kind contributions permitted for up to 35%. <p>Building project must be located within local Main Street district boundaries as of 1/1/22.</p> <p>Local Application Process</p> <table> <tr><td>June 27</td><td>Local application open</td></tr> <tr><td>August 1</td><td>Local applications due</td></tr> <tr><td>Aug 1 – 5</td><td>Local applications reviewed</td></tr> <tr><td>Aug 5</td><td>Chosen applicant notified</td></tr> <tr><td>Aug 5-26</td><td>Grant application writing</td></tr> <tr><td>Sep 2</td><td>Submit to Main Street Iowa</td></tr> <tr><td>Oct 19</td><td>Award recipients announced</td></tr> </table> | June 27 | Local application open | August 1 | Local applications due | Aug 1 – 5 | Local applications reviewed | Aug 5 | Chosen applicant notified | Aug 5-26 | Grant application writing | Sep 2 | Submit to Main Street Iowa | Oct 19 | Award recipients announced | <p>Local Application Instructions</p> <ol style="list-style-type: none"> Review the grant information, guidelines, and scoring criteria that are attached at the end of this packet for your reference. Complete the local application (this packet) to the best of your ability. Provide as much information about the project as possible. The writing does not have to be perfect or even in complete sentences at this stage. Return to Amy Brainard, Oskaloosa Main Street Director before August 1, 2022. <ul style="list-style-type: none"> o Email to mainstreet@mahaskachamber.org o Drop off at Chamber Office, 222 1st Ave E (upstairs, MidWestOne drive-thru) o or, call 641-672-2591 to arrange pick-up |
| June 27 | Local application open | | | | | | | | | | | | | | |
| August 1 | Local applications due | | | | | | | | | | | | | | |
| Aug 1 – 5 | Local applications reviewed | | | | | | | | | | | | | | |
| Aug 5 | Chosen applicant notified | | | | | | | | | | | | | | |
| Aug 5-26 | Grant application writing | | | | | | | | | | | | | | |
| Sep 2 | Submit to Main Street Iowa | | | | | | | | | | | | | | |
| Oct 19 | Award recipients announced | | | | | | | | | | | | | | |

LOCAL APPLICANT'S INFO

Name:

Phone:

Email:

Building Address:

(Building must be located within the Oskaloosa Main Street District.)

Briefly summarize the scope and nature of the proposed project.

PROJECT NARRATIVES:

Why is this project a good fit for Main Street Iowa Challenge Grant funding?

How does the project fit into local Main Street District Revitalization plans, goals, and priorities? Why was it selected? Does it meet an identified local market need?

Describe the building identified for rehabilitation.

What is its historical significance? Describe its historic character and relationship to the Main Street district. What is the current condition of the building, and why are improvements needed?

Describe proposed project.

What will be done? Describe the scope of the work to be completed with Challenge Grant funds and identify project phases (if applicable). Include the historical appropriateness of rehabilitation plans. Identify project team and local partnerships identified (city roles, community groups, etc.).

What impact will this project have on local revitalization efforts?

How does this project stimulate additional investment or build capacity for the Main Street program? Will it improve the local downtown economy by adding jobs, business growth, residence, etc.?

Describe the project planning and readiness.

Is the project ready for construction if awarded? Indicate the experience and capacity of the project team and identify any challenges that might exist in completing the project.

BUILDING & GRANT BENEFICIARY INFORMATION

Building Name:

Has a MSI Challenge Grant application been previously submitted for this property?

If yes...

- Was it funded?
- What was the amount received?
- Is that portion of the project complete?

GRANT BENEFICIARY INFORMATION

Property Owner/Developer:

Address:

Email:

Work Phone:

Cell Phone:

Provide background information on the beneficiary.

Include community involvement, involvement/knowledge of the local Main Street program, length of time in this community etc.

BUILDING INFORMATION

Building/Site Address:

Proposed use of upper floor(s):

Year Built:

Proposed start date:

If vacant, how long:

Proposed completion date:

First floor square footage:

Upper floor(s) square footage:

Project architect:

Current use of first floor:

Listed or eligible for listing in the National Register of Historic Places?

Current use of upper floor(s):

Does the project intend to utilize Historic Tax Credits?

Number of residential units (if applicable):

Will the project be part of a CDBG Downtown Revitalization Grant?

Number of occupied units:

Number of vacant units:

Will the project receive any other federal funding?

Proposed use of first floor:

BUDGET

| | |
|--|--|
| MSI Challenge Grant Request (Maximum \$100,000, Minimum \$25,000) | |
| Cash Match | |
| TOTAL PROJECT COST | |

SOURCES

| Sources of Funds | Amount | Form of Funds | Commitment Status | Conditions/Addtl. Info |
|----------------------------|--------|---------------|-------------------|------------------------|
| MSI Challenge Grant | | | | |
| State/Federal Funds | | | | |
| Local Incentives | | | | |
| Private Loans | | | | |
| Other Amount (Applied for) | | | | |
| Other Amount (Secured) | | | | |
| SOURCES TOTAL | | | | |

USES OF FUNDS

| Uses | Cost (labor & materials) |
|---|--------------------------|
| Construction - Exterior Envelope | |
| Construction - Windows/Doors | |
| Construction - Roofing | |
| Construction - HVAC | |
| Construction - Plumbing | |
| Construction - Electrical | |
| Construction - Insulation | |
| Construction - General Carpentry | |
| Construction - Finishes (paint, carpet, fixtures, etc.) | |
| Construction Subtotal | |
| Site Preparation (staging, demo/clean-up, asbestos, etc.) | |
| Professional Services (architect, engineer, historic preservation consultant) | |
| Fees & Permits (mortar test, Iowa tax credits application, bldg permit, etc.) | |
| Other | |
| Contingencies | |
| TOTAL BUDGET | |

Note: The highlighted totals (project cost, sources, and budget) must all be the same amount.

TAX BENEFITS

List any anticipated tax benefits. If items do not apply, leave blank.

| Amount | Source | Description |
|--------|--|-------------|
| | Workforce Housing Tax Credits | |
| | State Historic Tax Credits | |
| | Federal Historic Tax Credits | |
| | Tax Increment Financing – Abatement | |
| | Tax Increment Financing – Grant | |
| | New Market Tax Credit | |
| | Other | |

BUDGET NARRATIVE

Summarize the project budget.

Clarify any sources of in-kind match, local incentive programs, and any additional budget sources.

REQUIRED MATERIALS CHECKLIST

Please note that the following will be required for the grant application if your local application is selected. Start gathering the below as soon as possible. Reach out if you need assistance!

- Cost estimates for all proposed construction work
- Project concept drawings, schematics, or plans
- Photographs of the building and proposed site as it currently appears
- Historic photographs of the property/project as available

MINORITY IMPACT STATEMENT

The proposed grant programs or policies could have a disproportionate or unique POSITIVE IMPACT on minority persons. * If YES, describe the positive impact expected from this project. Indicate the group(s) positively impacted.

The proposed grant project programs or policies could have a disproportionate or unique NEGATIVE IMPACT on minority persons. *If YES, describe the negative impact expected from this project. Present the rationale for the existence of the proposed program or policy, provide evidence of consultation with representatives of the minority groups impacted & indivate group(s) negatively impacted.

The proposed grant project programs or policies are NOT EXPECTED TO HAVE A DISPROPORTIONATE OR UNIQUE IMPACT on minority persons. If YES, present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge.

Name of Person Submitting Certification _____

Title of Person Submitting Certification _____

Signature of Person Submitting Certification _____