

# City of East Moline

## Façade Improvement Program

### PURPOSE

The purpose of the Façade Improvement program is to provide financial assistance to business owners for the rehabilitation of business facades. All rehabilitation work must be respectful of the historic character of the building, with every reasonable effort made to preserve the original distinguishing features.

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### PROGRAM DETAILS

Loan may not exceed \_\_\_% of the project costs, or \$\_\_\_\_\_ whichever is less.

- Applications are reviewed in the order they are received and funding is available until all program dollars have been exhausted. **One loan per building, per year is allowed.** The Façade Committee shall have final approval over all project designs.
- All projects are given **90 days** to complete the work, unless the project involves new construction. If the work is going to take longer than 90 days, it is the applicant's responsibility to contact the Façade Committee to ask for an extension beyond the 90 day time period. The façade grant may be denied if the applicant does not seek the extension.
- The reimbursement check will not be issued until the City has received copies of paid invoices from contractors and all documents have been executed.

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### HOW TO QUALIFY

- The applicant must be the owner of the building or have authorization (Attachment A) from the property owner to participate in the program.
- Property tax payments must be current.
- Work may not begin until applicant has received authorization from the Façade Committee.

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### ELIGIBLE USE OF FUNDS

Fronts, sides and rears of buildings that are directly exposed to the public are eligible, but priority is given to street facing portions of the buildings.

**Allowable costs may include, but are not limited to:**

- Window/door repair or appropriate replacement work.
- Storefront rehab, including removal of non-original façade covering.
- Cleaning/painting of exterior surfaces.
- Repair or restoration of architectural detailing.
- New awnings, signs and replacement cornices.
- Labor and materials required to rehabilitate the façade (s).
- Roof work in conjunction with façade improvements.
- Exterior Lighting.
- Architectural Design Costs

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### IMPORTANT INFO

- A. Roof repairs not associated with façade improvements are not covered under the program.
- B. All work must be done in compliance with City building codes and ordinances.
- C. Historic Preservation?
- D. Any contractor used must be registered and bonded with the city of East Moline.
- E. Façade work within SSA is in the Enterprise Zone and building materials are sales tax exempt.

City of East Moline  
Façade Improvement Program

## FAÇADE GRANT APPLICATION

Fill out completely and bring or send application and all required attachments to:  
City of East Moline, City Hall Annex, 912 16<sup>th</sup> Avenue, East Moline, IL 61244

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**GRANT AMOUNT REQUESTED:**

**Owner Type:**       Individual       Sole Proprietorship       Partnership       Corporation

**Resident Of:**       East Moline       QC Area       Other

**Are you:**       Property Owner       Tenant       Under Contract

Property Address: \_\_\_\_\_

Parcel Number \_\_\_\_\_ Approximate Age of Building \_\_\_\_\_

**Property Owner Authorization: (needed if applicant is not the property owner) – Fill out attachment A**

**Current Property Use:** \_\_\_\_\_

Does the Property have any unresolved code violations, if yes, please explain:       Yes       No

Project Description: \_\_\_\_\_

**Estimated start date** \_\_\_\_\_ **Estimated completion date** \_\_\_\_\_

Will the Property Use Change, If yes, please describe: \_\_\_\_\_

# City of East Moline Façade Improvement Program

Please fill out the following items you plan to improve on your property.

✓	Type of Improvement	Estimated Cost
	Architectural Services and other design work	
	Add or replace signage or decorative lighting	
	Add or replace windows (s) or door(s)	
	Paint existing surfaces	
	Add or replace awning(s) or overhang (s)	
	Add or replace landscaping	
	Add or replace stucco or color-coated existing stucco	
	Add or replace brick or stone	
	Other (describe below)	
<b>Total Estimated Cost of Project</b>		

Describe other improvements (including interior) not listed above, including cost(s) and date (s) completed:

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Have you applied for grant funds before.  Yes  No (If yes list address(es) and year(s) of previous applications)

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**I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS COMPLETE, ACCURATE, AND TRUE.**

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

**CHECKLIST – You must have the following items attached to your application or it will be considered incomplete and your application will be placed on hold until they are complete.**

- Are plans included with the application?
- Are materials and colors included in work plans?
- Are color photos of the property and adjacent properties included in the application?
- Are at least two work estimates included in the application?
- Are property tax payments current on the property (attach verification)?
- Authorization from property owner, if applicant is not property owner.

### STAFF USE ONLY

Date Application _____	Received By: _____	
Building Location _____	<input type="checkbox"/> High	<input type="checkbox"/> Medium <input type="checkbox"/> Low
_____ Bldg Location (High)	_____ Thematic Compliance	_____ Job Creation
_____ Business Location	_____ Job Creation	_____ Customer Creation
_____ Property Value	_____	_____
Date Application _____	Approved By: _____	

**City of East Moline  
Façade Improvement Program**

**CITY OF EAST MOLINE  
FAÇADE IMPROVEMENT PROGRAM  
ATTACHMENT A: PROPERTY OWNER AUTHORIZATION**

I, \_\_\_\_\_ understand that  
\_\_\_\_\_, a leaseholder of  
my property located at \_\_\_\_\_ is considering  
rehabilitation improvements as part of the city of East Moline Façade Improvement Program.

I have received and reviewed the Façade Improvement Program Guidelines and reviewed the application submitted by my tenant. I agree to permit the proposed improvements to my building. I understand that I am not financially responsible to complete these improvements.

I understand and agree that the city of East Moline assumes no responsibility or liability to me or any other part for any action or failure of any contractor or other third party and in no way guarantee any work to be done or material to be supplied.

I further agree to hold the City harmless from and indemnify them for and against any and all claims which may be brought or raised against the City or any of its officer, representatives, agents or agencies regarding any matters relevant to participants' obligations under this program.

I assure the City that the leaseholder may continue to rent and occupy my property for at least six (6) months after the date of application for this program, or through project completion, whichever is greater.

I authorize the leaseholder to make the proposed improvements under the City's program. I understand that the proposed improvements may increase the value of my building and may result in an increase of my annual property taxes.

**ACKNOWLEDGEMENT**

I have read the above statements and acknowledge that they are true and complete to the best of my knowledge. I have no objection to the applicant pursuing the proposed improvement project.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date