

## La Crosse County Economic Development

212 6<sup>th</sup> Street North, Room 2300, La Crosse, WI 54601 www.lacrossecounty.org/economicdevelopment Ph: 608-785-5792; Fax: 608-785-5922

Application Round: 2022 – 1st

Application Due Date: Feb. 24, 2022

## **Acquisition and Demolition Grant – Program Application**

## **Instructions**

To apply for funding, please complete this application form, including all attachments, and submit it to the La Crosse County Community Development office at the above address. Applications will not be considered until they are complete. If you need assistance or have questions, please contact us.

Applicant Name & Co	ontact Informati	<u>on</u>		
Applicant Name:				
Applicant Type:	% Corporation;	% Non-Profit Corporation;	% Partnership;	% Individual/Family
Mailing Address:				
Contact Person: _	rtact Person: Title:			
Contact Address:				
Contact Phone:		Contact Email:		
•		arget Neighborhoods or on S	• ,	· <del>-</del>
Project Information  Project Address:			Neighborhood:	
		roperty:		
		operty:		
		; % No; Comments:		
		oon Completion:		
<u> </u>	•	make sure to address how y s if more space is needed):		

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Project T	<u>imeline</u> (Anticipated Dates)				
Closing Date on Property (if applicable): _		Start of Demolition:			
Start of Construction:		Project Completion:			
<b>Grant Re</b>	<u>equest</u>				
Amount Requested:		Minimum Grant Needed to Move Forward:			
Expla	in How the Project Would Change wi	ith Smaller Grant Award:			
Attachm	<u>ents</u>				
_	e attach the following documents to	complete this application:			
	` ,				
_	Designs and/or renderings of proposed development				
	<ul><li>□ Proof of property control</li><li>□ Zoning map of property</li></ul>				
	<ul> <li>Proposed Sources &amp; Uses of Funds (showing general cost categories and all funding sources)</li> </ul>				
	project description, renderings, sit	e plans, proof of any committed funding, letters of support, etc)			
	•	nolition contractor with proof of insurance (if demolition work is			
	part of the project)				
		ria for Single Family (for single-family projects) e/593/844/3606/6480/6494/DesignGuideline10292014.pdf			
Annlican	t Certification				
	gning below, the applicant:				
		ledge and belief, the information being submitted to La Crosse			
C	ounty and its agents is true and corre	ect;			
	•	all laws, regulations, ordinances, and orders of public authorities			
-	pplicable to it;				
	•	and current on all federal, state, and local taxes;			
	ertifies that it is not in default und eases, or financing arrangements with	ler the terms and conditions of any grant or loan agreements,			
		ty or its agent for any grant funding and reasonable expenses			
m	nade in connection with an award	ed grant, including, but not limited to, title work, legal fees, grantee is unable to complete project;			
		continue to disclose any occurrence or event that could have an			
		ct described in this application. Adverse material impact includes			
		or civil actions, bankruptcy proceedings, regulatory intervention			
	r adequate capital to complete the p				
	nderstands that, unless it's a trade s /isconsin's open records law.	ecret, all information submitted to La Crosse County is subject to			
Signature	<u>a:</u>	Date:			
U					

Printed Name: