



## La Crosse County Economic Development

212 6<sup>th</sup> Street North, Room 1300, La Crosse, WI 54601

www.lacrossecounty.org/economicdevelopment

Ph: 608-785-5792

### Acquisition and Demolition Grant – Non-Profit Reservation Application

#### Instructions

This program allows non-profit housing agencies to request a reservation of funding for a period of up to 6 months, while they work to secure a project site. Please use this form to provide as much information as possible about the proposed project. If you need assistance or have questions, please contact us.

#### Applicant Name & Contact Information

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

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Description of Previous Work on Similar Projects (attached additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Project Information (if any of this information is unknown at this point, please note)

Municipality: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

Proposed Property Use: \_\_\_\_\_

Owner Occupancy:  Yes;  No; Comments: \_\_\_\_\_

Projected Total Assessed Value Upon Completion: \_\_\_\_\_

Other Funding Sources for the Project:

1) \_\_\_\_\_; Amount: \$ \_\_\_\_\_ Secured:  Yes;  No

2) \_\_\_\_\_; Amount: \$ \_\_\_\_\_ Secured:  Yes;  No

3) \_\_\_\_\_; Amount: \$ \_\_\_\_\_ Secured:  Yes;  No

Additional Project Description - be sure to address how your proposal helps build on neighborhood character (attach additional pages if more space is needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Project Timeline**

Expected Closing: \_\_\_\_\_ Expected Project Completion: \_\_\_\_\_

Explain Any Timeline Limitations on Other Funding Sources: \_\_\_\_\_

Additional Timeline Information: \_\_\_\_\_

**Grant Request**

Amount Requested: \_\_\_\_\_ Anticipated Minimum Grant Needed: \_\_\_\_\_

Explain How the Project Would Change with Smaller Grant Award: \_\_\_\_\_

**Attachments**

Please attach the following documents to complete this application:

- Estimated Sources & Uses of Funds (showing general cost categories and all funding sources)
- Other Supporting Documentation (additional applicant qualifications and experience, additional project description, proof of any committed funding, letters of support, etc)

**Applicant Certification**

By signing below, the applicant:

- Certifies that to the best of its knowledge and belief, the information being submitted to La Crosse County and its agents is true and correct;
- Certifies that it is in compliance with all laws, regulations, ordinances, and orders of public authorities applicable to it;
- Certifies that it is in compliance with and current on all federal, state, and local taxes;
- Certifies that it is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with any other creditor;
- Agrees to reimburse La Crosse County or its agent for any grant funding and reasonable expenses made in connection with an awarded grant, including, but not limited to, title work, legal fees, appraisals, recording/filing fees, etc if grantee is unable to complete project;
- Certifies that it has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project described in this application. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or adequate capital to complete the project;
- Understands that, unless it's a trade secret, all information submitted to La Crosse County is subject to Wisconsin's open records law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_