



Downtown Building Rehabilitation Program Application

DBR - FY23
Rev. 03/23/22



Business Name: _____ # of Employees at this location: _____
 Property Address: _____ Tax Parcel # _____
 City: _____ Zip: _____ County: _____
 Contact Person: _____ Phone: _____
 Contact Email Address: _____ Fax: _____
 Property Owner Name: _____ Phone: _____
 Property Owner Signature: _____ Date: _____

* Electronic signature will be represented by typing full, legal name in the specified signature box and I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

What type of facility is this building? _____ Is it mixed use? _____
 Are there current residential rental units within building? _____ If so, how many? _____
 How many stories above ground is your building? _____ Is your building vacant? _____
 Do you have a lease agreement pending rehabilitation? _____ If so, who/what? _____
 Is the building considered historic? _____ If so, is the building registered with state or national historical? _____
 Do you have a business plan? _____ If yes, attach to application.
 How will you project bring a building back into use? _____

How will your project impact the community? _____

How will your project impact the region? _____

If applicable, note impact to job creation and retention: _____

What building codes are currently in violation? _____

List any building accessibility concerns? _____



Downtown Building Rehabilitation Program Application

DBR - FY23
Rev. 2/24/22



Are you ready to start the project within 90 days? _____ Estimated construction start date? _____

Current prevailing wage compliant estimates are due with FY23 application submission

Have you applied for other grants? _____ If so, list lenders and amounts: _____ \$ _____

Have these grants been committed or awarded? _____ \$ _____

Anticipated date of construction: _____ \$ _____

Have you secured a loan? _____ If so, how much? \$ _____ Where? _____

How much are you willing to pay out of pocket? \$ _____

Are you using an architect or structural engineer? _____

List items you would like to repair, replace or install:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Please submit supporting documentation and current prevailing wage compliant bids with your application submission.

Thank you!

Additional Applicant Comments: _____

Submit applications to:

Attention: Scott Zahorik

Mail: Arrowhead Economic Opportunity Agency, Inc. (AEOA) - 2900 E. Beltline Ste 9 Hibbing, MN 55746

Email: scott.zahorik@aeoa.org

Fax: (218) 748-7333

BY SIGNING THIS RELEASE FORM YOU ALSO HEREBY GRANT PERMISSION FOR AEOA AND IRRR TO TAKE AND USE: TESTIMONIALS AND/OR COMMENTS SAID DURING THE BUSINESSES PROJECT AND PHOTOGRAPHS AND/OR DIGITAL IMAGES OF THE BUSINESS/PROJECT FOR USE IN NEWS RELEASES AND/OR EDUCATIONAL MATERIALS. THESE MATERIALS MIGHT INCLUDE PRINTED OR ELECTRONIC PUBLICATIONS, WEB SITES OR OTHER ELECTRONIC COMMUNICATIONS. YOU FURTHER AGREE THAT YOUR BUSINESS NAME AND IDENTITY MAY BE REVEALED IN DESCRIPTIVE TEXT OR COMMENTARY IN CONNECTION WITH THE IMAGE(S).

YOU AUTHORIZE THE USE OF THESE IMAGES WITHOUT COMPENSATION.

ALL NEGATIVES, PRINTS, DIGITAL REPRODUCTIONS SHALL BE PROPERTY OF AEOA.

*****Make application fee of \$500.00 out to AEOA*****

Property Owner Signature: _____ Date: _____

* Electronic signature will be represented by typing full, legal name in the specified signature box and I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

