



Architectural Improvement
Program Application

Name: _____

Home Address: _____

Property Identification (PIN) Number: _____

Location of Property: _____

Phone number: _____ Email: _____

Proposed use of funding (check all that apply)

**50% Reimbursement:
Major Capital Improvements**

____ ADA Compliance

____ Façade renovation

____ Fire alarm systems

____ Life safety equipment

____ Electrical, Mechanical,
Plumbing rehabilitation

____ Design Professional
Fees/Architectural Services

____ Fire suppression system
upgrades

____ Restoration of
Architectural Features

**25% Reimbursement:
Minor Capital Improvements**

____ Painting

____ Exterior lighting

____ Tuckpointing/Masonry

____ Interior improvements

____ Window/Door
Replacement

____ Screening of unsightly
utilities

**10% Reimbursement:
Deferred Maintenance**

____ Roof repair

____ Gutter replacement

____ Stair/handrail repair

____ Floor surface repair

____ Water damage repair

____ Water heater repair

Other improvements (Please Specify):

Have you consulted with City of DeKalb about your project? _____ Yes _____ No

(If yes, who did you talk with at City of DeKalb?) _____

Have you submitted to a pre-inspection of the property? _____ Yes _____ No

Total cost estimate of project _____

Matching funds* requested _____

*(Typically, 50% of total project costs up to a maximum of \$25,000)

How long has the property been owned or operated by you? _____

Supplementary Questions

In a separate word document, please answer the following questions as part of your application:

- 1.) In 500 words or less, please describe the existing condition of the building, and the need for architectural/structural improvement (use additional pages if necessary). Include previous investments that you have made during the time of your ownership or operations that have added value to this building.
- 2.) In 500 words or less, please describe the proposed work to be accomplished. Include the added value that this work will contribute to the existing building if it is completed.
- 3.) In 500 words or less, please describe how the proposed work will help the city support its strategic goals of community vitality and neighborhood.
- 4.) In 250 words or less, please describe how you plan to fund the proposed work (equity, bank loan, cash, etc.).
- 5.) In 250 words or less, please describe how you plan to maintain the improvements once the work has been completed for at least five years.

Application Check List:

All of the following items must be included in with your application in order to be reviewed. Please verify that each of the following is completed and enclosed.

- ___ 1. One (1) copy of the Completed Application Form containing all of the following items:
- ___ 2. Required Signatures on Application Form
- ___ 3. Narrative Description of Project (Concise and clear description of work proposed)
- ___ 4. Drawings of proposed work (architectural or other) as appropriate
- ___ 5. Photographs of current building and area to be addressed and concept drawings
- ___ 6. Completed City of DeKalb AIP standard estimate completed by each contractor for the work to be performed.
- ___ 7. One (1) copy of the Deed to the Property containing the legal description of the property.
- ___ 8. Copies of letters of credit and/or letters of commitment for private funding.
- ___ 9. Completed W-9 Form.

NOTES:

Upon project approval by the AIP Committee, the applicant will be required to sign and notarize an Architectural Improvement Funding Agreement before the application can be presented to the City Council. Upon project approval by the City Council, the Property Owner will be required to sign and notarize both a mortgage on the property improved, as well as a promissory note for the full forgivable loan amount. This must be done prior to reimbursement by the City of DeKalb to the Property Owner.

For projects where the City of DeKalb's matching portion is greater than \$20,000, a minimum of three quotes for each individual portion of the project are required.

To obtain a copy of the legal description of your property, you must request in person a copy of your property deed (this will also prove ownership) from:

Tax Assessors Office
DeKalb County Government
133 W. State Street
Sycamore, IL 60178
815-895-7120

Statement of Understanding:

- A. I/We hereby agree to comply with all of the guidelines and procedures of the City of DeKalb Architectural Improvement Program.
- B. I/We understand that copies of the following must be submitted prior to the City Council's consideration of my funding request: (1) A copy of the property deed containing the legal description of the property, (2) Copies of the City of DeKalb's AIP Standard estimate templates completed by each contractor for the work to be performed, and (3) Signed copies of the City of DeKalb's Architectural Improvement Funding Agreement.
- C. I/We understand that any work performed prior to approval by City Council will be ineligible for funding.
- D. I/We understand that funding for standard projects is contingent upon my/our submittal of detailed cost documentation, copies of receipts, contracts, certified payroll records, and contractor's final waivers of lien upon completion ALL of the approved improvements BEFORE reimbursement will be authorized.
- E. I/We understand that I/We may be required to sign and notarize both a mortgage on the property improved, as well as a promissory note for the full forgivable loan amount. This must be done prior to reimbursement by the City of DeKalb.
- F. I/We understand that Architectural Improvement funds are subject to taxation, and that the City of DeKalb is required to report that amount and receipt of said grants to the Internal Revenue Service.

Signature of Applicant

Name of Applicant (please print or type)

Address of Applicant

Telephone number _____ Date _____

Signature of Co-Applicant

Name of Co-Applicant (please print or type)

Address of Co-Applicant

Telephone number _____ Date _____