

INTENT TO PARTICIPATE FORM
Commercial Rehabilitation
City of Clarkfield

Building Owner's Name: _____

Business Name: _____

Business Address: _____

Building Owner's Phone: _____

Email Address: _____

Would you be interested in improving your commercial building if eligible improvements could qualify for up to 75% of the total cost covered through the use of a grant program?

___ Yes I am interested.

___ No I am not interested.

Proposed Financial Structure

It estimated that average cost of rehabilitation would be \$37,500. Based on this average cost and the above financing scenario, the **AVERAGE** financial breakdown would be as follows:

- | | |
|-------------------------|---|
| \$37,500 Total Project | 100% |
| ▪ \$28,125 (max amount) | 75% SCDP deferred loan (1/7 th forgiven each year for 7 years) |
| ▪ \$9,375 (max amount) | 25% owner savings/bank loan (owner responsibility) |

I may be interested in making the following improvements to my business:

- | | | | |
|----------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> Gutters | <input type="checkbox"/> Insulation | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Safety/Accessibility Improvements |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Electrical | <input type="checkbox"/> Roofing | <input type="checkbox"/> Lead Testing & Removal |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Heating | <input type="checkbox"/> Foundations | <input type="checkbox"/> Building Code Violations |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Energy Efficiency Improvements | | |

Other Improvements or Comments:

Year built or approximate age of building: _____

IMPORTANT: *The signed form does not commit you to the program and does not guarantee funding;* it is simply an indication of interest that builds support for the application. *If you sign the form your name will be placed on a priority list to receive more information if funds are awarded next spring.*

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Please return this form to:

City of Clarkfield City Office
812 10th Ave Ste 1
Clarkfield, MN 56223
OR email it to:
Laura@umvrhc.org

RETURN BY OCTOBER 20TH

I understand that:

- SCDP funds are limited and in competition and may **not** be awarded.
- No “remodeling” can be done with SCDP funds.
- There will be a deferred loan (lien) placed upon my building for the SCDP funding for seven years. If the building is sold or changes owners in that time, the remaining un-forgiven loan must be paid back to the city.
- The rehabilitation must be coordinated through the site administrator for the project. Competitive bidding, Davis Bacon wage rates and terms will apply to the project. **Any improvements done before coordinating with the site administrator will NOT be eligible for SCDP funding.**
- If your commercial property participated in the last SCDP program it may still be eligible for additional funding for projects however properties that did not participate in the last round will receive first priority.
- The building must be occupied. No vacant building will be rehabilitated with SCDP funds.

After reviewing the above information, including the proposed financing package, I am interested in participating in this program.

Building Owner Signature

Date

Thank you. Your name will be placed on a list of building owners showing a strong interest in a commercial rehabilitation program and support for the application. If grant funds are awarded to the City you will be contacted for more information about how to apply for project funding.