Central Redevelopment Project Area
TIF Improvement Program

GRANT APPLICATION

Applications must be reviewed and approved before the project begins. Work completed prior to Staff review is ineligible. If there is a significant change in thee scope of the project after the application has been approved, the applicant must re-apply with the scope of the new project.

Please submit application to:

City of Byron
Economic Development Director
PO Box 916
232 W. Second St.
Byron IL 61010

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Applicant Name: _____

Business Name: _____

Business Address: _____

Applicant Mailing Address: _____

Applicant Phone #: _____

Federal Employer Identification Number (FEIN): _____

Type of Business Entity:

_____ Individual _____ Corporation _____ Partnership _____Other:_____

Name(s) of property owners: _____

Owner(s) phone number: _____

I am applying for a $_____ grant.

General Project Description:

Discuss how the proposed project addresses the objectives and project activities set forth in the City of Byron Central Development Project Area TIF Redevelopment Plan including an explanation as to how the project will eliminate or mitigate blighted conditions in the down-town area.

Describe how the proposed project will stabilize the surrounding area and promote additional development in adjacent areas.

Project Financing:

Description of construction/renovation cost estimate for project:
(Attach all contractor/vendor receipts to this application)

Item Description:_____

Cost: _____

Item Description: _____

Cost: _____

Item Description: _____

Cost: _____

Sources and Uses of Funds:

	City TIF	Bank	Owner Equity	Other
Façade Improvements	$_____	$_____	$_____	$_____
Building Rehab	$_____	$_____	$_____	$_____
Emergency Repairs	$_____	$_____	$_____	$_____
TOTAL	$_____	$_____	$_____	$_____

Provide narrative explaining why the project is not feasible and could not be carried out with-out TIF funding assistance:

_____

_____

_____

_____

_____

_____

_____

The undersigned has applied for the grant described in this application and the proceeds of said grant will be used in connection with the project described herein. The applicant agrees to abide by all City of Byron, Illinois Central Redevelopment Project Area TIF Redevelopment Plan Guidelines. The Applicant agrees to furnish information listed as application attachments and any additional information to the City as needed to review and consider this request.

_____ _____

Applicant Signature Date

_____

Title

**********(Please do not write below this line)**********

Date Application Received: _____

Grant Approved: _____ Grant Denied: _____

Amount Requested: _____ Amount Awarded: _____

Signature: _____

Notes: _____

_____

_____

_____