

Historic District and Business Improvement Grant

APPLICATION

EXHIBIT "A"

Adopted on September 7, 2021

Sealy Economic Development Corporation

4B Sales Tax Corporation

Funding Application for Sealy Historic District and Business Improvement Grant Program <u>APPLICANT CHECKLIST:</u>

\square Ensure that NO WORK HAS BEGUN on the project, nor will it begin during the process
of approval
☐ If Building Owner is different from Business Owner, ensure that the Building Owner has authorized this project by proof of a SIGNED LETTER OF AUTHORIZATION that must be attached to the Application at the time it is submitted to the SEDC for consideration ☐ Attach Proof of Ownership of the Building (current paid receipts from Austin County Appraisal District OR Copy of Title/Deed)
☐ Attach Proof of Ownership of the Business (Articles of Incoporation)
☐ Ensure that ALL Eligibility Requirements are met per No. 6., page 17
☐ Attach Proof of Sales Tax Certificate registered to physical location of business☐ Ensure that you have called the City of Sealy Building Permit Department and
determined if the project requires permit(s) and you've completed the cost information on No. 8, page 18
☐ A minimum of two (2) bids are attached for Façade Improvement Grants
☐ Ensure that it has been at least five (5) years since the SEDC has funded a grant project at the address of the business/building
\square A complete description is included/attached to your application that show the
visual, economic and community impacts the project will have on the area and to Sealy, noting any historical significance of the site
\square Before and after pictures are part of the description, include any historical photos of the site or supporting pictures of the design
\square Colors are identified and selected from approved color palettes if the project is in the Historic District
□ Ensure that you will be able to complete the project for a new or expanded business within six (6) months of approval; or a vacant building project to prepare for sale or lease within twelve (12) months of approval
□ Vacant buildings that are being improved to be available for lease will be open for
business and in operation, generally, within 12 months from grant approval by the SEDC and City Council.
☐ Ensure that new or expanded business will create and/or retain full-time on-site employment at the project site
☐ Complete all vendor forms so the SEDC can set up your business in the accounting
system and be able to process your grant payment upon completion of the project

Sealy Economic Development Corporation 4B Sales Tax Corporation

Funding Application for Sealy Historic District and Business Improvement Grant Program APPLICATION

1. CHOOSE One Proje	ect Status:	
☐ New Business	☐ Expanding Business	□ Vacant Building
2. Indicate Jobs Creat	ed or Retained:	
	nber of full-time employees:	
If existing, number of f	full-time on site jobs to be crea	ıted:
If new, number of full-	time jobs to be created:	
3. Complete ALL appli	cant information:	
Company Name:		
Registered Name/DBA, i	if different from Company Name:	:
If the Company Name c identified on the W-9 for	and Registered Name/DBA are di check payable funding purpose	fferent, which of the names will be
Physical Address:		
Mailing Address: Sar		
Diff	erent, as listed:	
Primary contact name:		
Primary contact Facilia	ddress:	
	one Numbers: Please check the L	
Office:		Cell:
4. Indicate the Building Applicant Other: COMPLETE T		
	Miles and the second se	
A _1 _1 _1		The state of the s
Mailing		
Address:		
Phone numbers:		
Email(s):		

- □ a. If property owner is not the applicant, ensure that property owner reviews the complete Application and attach Application page 22, Written Consent of Building Owner to Allow Improvement Project.
- □ b. If requested by EDC, attach proof of ownership of the property

	5.	Choo	se c	om	pany	status:
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FOR PROFIT, Sales Tax Generating Business	
oxdetHYBRID, Primarily Non-Sales Tax Generating Business that may sell products that gene	erate
Sales Tax (ex. Hair Salon that sells beauty products, Car Wash that sells car products) NON-PROFIT (attach 501(c))	

6. Please respond with a "Yes" or "No" to the following eligibility criteria:

Eligibility Criteria:	YES	NO
Is the business located in the defined Historic/Main Street District, or on a main thoroughfare within Sealy's city limits, to include Highway 36/Meyer, US Highway 90, or Interstate 10?		
Is the business currently open and operating on a main thoroughfare within Sealy's city limits, to include Highway 36/Meyer, US Highway 90, or Interstate 10, or will be within six (6) months of completion of the relevant improvement project?		
Is the business currently open and operating in the Historic Downtown District, or will be within six (6) months of completion of the relevant improvement project?		
Is the improvement project for an expanding business in the Historic Downtown District?		
Is the improvement project for an expanding business on a Main Thoroughfare in Sealy's city limits, to include Highway 36/Meyer, US Highway 90, or Interstate 10?		
Is the improvement project NEW, not a work in progress?		
Is the business an occupation, profession or trade in the purchase or sale of goods or services in an attempt to make a profit?		
Do you certify that the business, the business owner, or the building owner DO NOT have outstanding financial obligations to the City of Sealy, or ongoing lawsuits with the City of Sealy, or are in any way parties to litigation against the City of Sealy?		
Do you certify that the business and/or property owner are in good financial standing upon verification with the Texas Secretary of State or other means established by the SEDC Executive Director?*		
Is the business/applicant current in Inventory Tax payments?		

^{*} To be verified by SEDC

Business Tax ID Number:	
Filing Number: Federal Employer ID:	
Sales Tax Certificate Number:	
	nysical address of business in the city limits?
□ YES □ NO	•
7. Indicate TYPE OF REIMBURSEMENT GRA	•
☐ Historic District Façade improvement	
☐ Main Thoroughfare Business Façade in	nprovement (matching grant maximum
\$10,000.00)	
Sign Improvement for businesses locat	
Thoroughfares in Sealy's city limits (match	· · · · · · · · · · · · · · · · · ·
☐ ADA Compliance improvement (matc.	ning grant maximum \$1,000.00)
Describe the details of the project that the El	DC should consider as visually appealina
improvements that might encourage expand	
income for the City of Sealy & SEDC:	
☐ Check box if additional page(s) are attack	ned for the project description
□ Attach pictures, drawings, paint colors, ar	
□ Attach current/"before" pictures	is any supporting decoments
•	
8. Contact the City of Sealy Building Pern	nit department at (979) 885-1669 to inquire if a
permit is necessary for this project.	, , , , , , , , , , , , , , , , , , , ,
Indicate date of call:	, and name of the City staff that gave you the
information:	
□ YES, Permit is required and will cost \$	
HAVE YOU ALREADY SECURED THE PER	MIT?
 YES, it is attached NO but will send to FDC was as as a 	
 □ NO, but will send to EDC upon rece □ NO, Permit is not required 	NPT
a NO, i eimii is noi requiled	
9. Total estimated cost of the described μ	project, including permit:
\$	
10 411 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
project:	e above described Façade Improvement
☐ Bid #1 from:	Amount: \$
☐ Bid #2 from:	Amount: \$

11. Specify all source(s) of funding amount/percentage each source an amount not to exceed maximum value Grant Policy & Guidelines.	e will contribute: SEDO	C may not contr	ibute more than 50%, at
☐ Business owner	\$	/	_% of project total
☐ Building owner	\$	/	_% of project total
Other:	\$	/	% of project total
SEDC	\$	/	_% of project total
12. Has your company received project at the address of the site ide improvement grant by SEDC within find NO	ntified on the applicat		
YES, Date: Describe the project that was funder	,		

13. Self - Evaluate the impact of your proposed project on the City of Sealy:

13. Self-Evaluate the impact of your proposed project on the Roint

13. Self-Evaluate the impact of your proposed project on the City of Sealy:	Point Recommendations	Awarded Points	
Impact Standard & Criteria	Recommendations		
Economic, Employment & Community Impact			
 Visually appealing and significant improvement in the attractiveness of the location and the level of blight or deterioration removed; eliminates property maintenance code violations or eliminates nuisances resulting in expanded business and customer base. Unique and new design elements of the façade and/or sign project that gives a fresh and updated look to attract attention to the business and area or Mitigates health & safety issues 	10		
 Improvement project generates economic growth & opportunity, new or expanded business opportunity to generate more sales tax or the promotion thereof 	10		
 Paint color/scheme chosen are tasteful and as applicable are consistent with the Sealy Historic District; or the main thoroughfare project improves visitor's first impression of the community. Paint chips/sign, materials/landscaping, materials, drawings, pictures, examples are submitted with application 	10		

	•	Level of improvement's impact on overall appearance of facility; how noticeable and attention getting	10	
manual de la company de la com	•	Productive life of improvements – durability and quality of the products used for the improvement to resist exposure to the elements of nature	10	
	•	Design is tasteful and enhances the style and overall character of the project area and location	10	
	•	Creates or retains full time on-site employment opportunities	10	
	•	Creates new lease opportunity; Reuse/repurposing of vacant or underutilized property	10	
	•	Amount of additional funding expended by the business, reinvestment in the property tax base	10	
	•	Meets Comprehensive Plan goals; Meets identified Priorities; Meets Main Street Strategic Plan goals	10	
	•	Level of historical significance of building/area being improved, as applicable; Level of attention to historical architecture (if applicable)	10	
			10	
	•	Improvements will promote tourism and hotel		
		occupancy;	10	
	•	Increase in foot traffic and use of the building, business or facility by the community;		
	•	Funding of the ADA compliance project results in providing publicly accessible restrooms to an area of	10	
		the community that needs them	10	
	•	Promotes the establishment or expansion of an EDC identified target business; Level of interest/desire for business in the community; Level of value added to the community by the business;		
	•	OTHER:		
				, , , , , , , , , , , , , , , , , , ,
				Andrea

version 09.07.21

By signing, I agree that all information provided is true and correct and agree to all terms and conditio			
Signature of Applicant (s)	Date		
Signature of Building Owner(s)	Date		
Initials of Building Owner(s)			

- **14.** Complete and return all vendor forms so the SEDC can set up your business in the accounting system and be able to process your grant payment upon completion of the project:
 - 1. W-9 (Available at https://www.irs.gov/pub/irs-pdf/fw9.pdf)
 - 2. City of Sealy Vendor Registration Form
 - 3. Electronic Funds Transfer Authorization if applicable

WRITTEN CONSENT OF BUILDING OWNER TO ALLOW IMPROVEMENT PROJECT

Date:
Building address:
Building owner name:
Building owner address:
RE: Business Name:
In compliance with the Sealy Economic Development Corporation's Historic District and Business Improvement Grant Policy & Guidelines, Section 4 (A), I, (Building owner name), consent to allow improvement project of the site to the building address identified above, for the business identified above. I approve the work to be completed as identified in the application, pages 14-21 and with all attachments to the application which show the before and after pictures of proposed project.
Sincerely,
Signature of building owner

Please either email this completed form to kellis@ci.sealy.tx.us, or mail or deliver to: Sealy Economic Development Corporation 313 Main Street, P.O. Box 517 Sealy, Texas 77474



VENDOR REGISTRATION FORM

Please type or print.

Vendor's name (as sh	nown on your income to	ax return):	
Mobile:			
Standard freight terms:		Paid by City	Shared cost
No shipping fees	_	Other:	
Preparer's signature/	date:		
Printed name/title:			
CITY OF CEALVIES	Vendor set:	_ Vendor no.:	Entered by:
CITY OF SEALY USE			

ONLY:



CITY OF SEALY, TEXAS VENDOR ELECTRONIC PAYMENTS PROGRAM

The City of Sealy can process payments to its vendors via the ACH (Automated Clearing House) banking system. This system speeds up the payment process by avoiding the wait for paper checks to be printed, signatures to be obtained, remittance envelopes to be stuffed, sealed, and stamped, and vendors' payments to make their way through the postal system. The ACH banking system also streamlines the remittance process by electronically depositing funds directly into vendors' bank accounts, thereby eliminating the need to prepare deposits and make trips to the bank. For record keeping purposes, the City can mail, fax, or E-mail a remittance advice to vendors, detailing the invoices that are being paid and the date when the funds will be deposited into their accounts. If you are interested in participating in this payment processing system, please complete the information below and submit this form to:

City of Sealy, Texas ATTN: Finance Department

415 Main Street P. O. Box 517 Sealy, TX 77474

ELECTRONIC FUNDS TRANSFER AUTHORIZATION _____ ("Vendor") sells or will sell goods and/or services to the City of Sealy, Texas. By executing this document, Vendor hereby (1) authorizes the City of Sealy to make payments for goods and services by electronic funds transfer (EFT) through the Automated Clearing House (ACH) system, (2) certifies that he/she/it has selected the following depository institution and directs that all such electronic funds transfers be made as specified below, and (3) certifies that he/she/it will be responsible for providing the City of Sealy with advance notice of any future changes in his/her/its depository institution or other payment instructions. Vendor's Federal Taxpayer Identification Number: Name of Vendor's Depository Institution: _____ Depository Institution's Address: ______ Phone No.: _____ Bank's Routing Transit No. (ABA): _____ Vendor's Bank Account No.: _____ Type of Bank Account: _____ Commercial Checking _____ Personal Checking _____ Commercial Savings ______ Personal Savings _____ Vendor's Contact for EFTs: _____ Phone No.: ____ To receive the details of your electronic payments, please enter the appropriate information for your preferred communication method below: E-mail Address: OR Fax No.:

OR Mailing Address: _____