

**CITY OF ALTON'S CDBG**  
**COMMERCIAL FAÇADE REHABILITATION PROGRAM**  
**PROGRAM DESCRIPTION**

Summary:

The Alton CDBG Commercial Rehabilitation Program provides matching grants to commercial building owners in designated areas within the City. The purpose of the program is to provide a financial incentive to the property owners to improve the exterior facade of their buildings, to remove code violations and reduce the spread of blight within the City.

Eligibility Requirements:

The program is available to any commercial property owner whose building is south of Homer Adams Parkway that is commercially zoned and who is current on his/her property taxes, sewer bills and /or any other form of indebtedness to the City.

Priority will be given to structures which are determined to be of primary significance to the historical nature of the city and those projects which will render a high impact in improving the appearance of the business.

Funds may only be used for exterior repairs and improvements to commercial buildings and for the correction of code violations by providing screened fencing as it pertains to side and rear yard storage for properties with automotive related uses. Fronts, side, and the rear of buildings are all eligible but priority is given to fronts and other portions of buildings that are directly exposed to a street. (Roof work and residential structures will not be funded under this program.)

Grant Terms:

This is a matching grant program in which commercial building owners are eligible to receive a grant of up to 25 percent of the documented cost of improvements. The program operates on a reimbursement basis with funds disbursed by the City after all authorized work is completed. For a building with one facade or for screened fencing to correct code violations, reimbursement will be limited to 25 percent of the documented cost of the improvements, not to exceed \$7,500.00 on any one project. For buildings with two or more facades visible, the amount rebated will not exceed \$10,000.00 or 25 percent of the documented project costs, whichever is less.

Eligible Project Costs/Uses:

This program defines total project cost as those costs incurred by independent contractors to make improvements and repairs to the exterior facades of the commercial buildings. (Facade work performed by a property owner will not be considered as eligible project costs/uses under this program. Materials used by the property owner will only be eligible cost/uses under this program if he/she receives prior written authorization from the City's Appearance Review Commission.)

Eligible costs may include, but are not limited to:

1. Window/door repair or appropriate replacement work;
2. Storefront rehabilitation, including removal of non-original siding;
3. Cleaning or painting of exterior surfaces (sandblasting or abrasive cleaning methods are strongly discouraged and in some cases may be prohibited);
4. Repair or restoration of architectural detailing;
5. Awning, signs and cornices;
6. Building permits and architectural fees;
7. Materials used to rehabilitate the facade; and
8. Correction of code violations by providing screened fencing as it pertains to side and rear yard storage for properties with automotive related uses.

Other Grant Conditions:

All work to be performed under this program must be in compliance with all applicable city codes and ordinances. Furthermore, since this program is funded with Federal Community Development Block Grant (CDBG) funds, all work must be completed in compliance with all applicable rules and regulations of the U.S. Dept. of Housing & Urban Development (HUD) and Madison County Community Development. These include, but are not limited to: environmental impact, historic preservation and prevailing wage and labor standard issues. The Federal Prevailing Wage Rates can be found at <http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=Davis-Bacon&docid=IL20080007> .

**THE ATTACHED CHECKLIST MUST BE FOLLOWED. DO NOT ORDER MATERIALS OR BEGIN WORK UNTIL AFTER THE PRE-CONSTRUCTION CONFERENCE. DOING SO WILL MAKE YOUR PROJECT INELIGIBLE FOR REIMBURSEMENT.**

Applicants can utilize the Commercial Rehabilitation program multiple times, granted that they do not exceed the \$7,500 or \$10,000 maximum reimbursement that is allowed under program guidelines. If a business has changed ownership, the new owner of the building can access the program regardless of if Commercial Rehabilitation funds were used to improve the building previously.

Where to Apply:

Property owners interested in the City of Alton's Commercial Rehabilitation Program should contact Greg Caffey, Director of Development & Housing or Debbie Beck, Secretary of Development & Housing, Alton City Hall, Room 204, 618-463-3801.



Part C:      Project Implementation Schedule:

- 1. Please provide the following information for all activities that will occur on your improvement. Please attach a separate sheet if additional space is needed.

<u>Description of Activity</u>	<u>Cost</u>	<u>Name of Contractor</u>	<u>Starting and Ending Dates</u>

Part D:      Certification by Applicant:

The applicant certifies that all information contained in this application, including the documents and attachments, is true to the best of his/her knowledge and belief and is submitted for the purpose of obtaining financial assistance from the City of Alton and Madison County Community Development. I/We also authorize the City of Alton and Madison County Community Development to obtain any information that may have a bearing on this application.

Applicant: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

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**CHECK LIST**

\_\_\_\_\_ 1. Submit Application to Dept. of Development & Housing  
Room 202, City Hall

\_\_\_\_\_ 2. City will apply for IHPA compliance on your behalf.

\_\_\_\_\_ 3. Appearance Review Committee meeting.  
a. Approved \_\_\_\_\_  
b. Denied \_\_\_\_\_

\_\_\_\_\_ 4. Approval Letter to applicant  
**DO NOT BEGIN WORK OR ORDER MATERIALS.**

\_\_\_\_\_ 5. Pre-Construction Conference:  
a. City \_\_\_\_\_  
b. MCCD \_\_\_\_\_  
c. Owner \_\_\_\_\_  
d. Contractor \_\_\_\_\_

*\*Please note that the contractor is required to provide a certificate of liability insurance. A sample certificate is attached for reference. Please contact the Dept. of Development & Housing regarding required coverage limits.\**

\_\_\_\_\_ 6. ISSUANCE OF NOTICE TO PROCEED (Authorization to begin project).

\_\_\_\_\_ 7. Reservation of Funds Letter to MCCD.

\_\_\_\_\_ 8. Project completed.

\_\_\_\_\_ 9. City Inspection.  
a. Approved \_\_\_\_\_  
b. Denied \_\_\_\_\_

\_\_\_\_\_ 10. Owner request for reimbursement.  
Submit  
a. Paid Invoices \_\_\_\_\_  
b. Canceled Checks \_\_\_\_\_  
c. Certified Payrolls \_\_\_\_\_  
d. Miscellaneous \_\_\_\_\_

**REQUIREMENTS FOR APPLICANTS**  
**FOR APPEARANCE REVIEW COMMISSION**

Applications with the information listed below must be submitted to Cheryl Ingle, Department of Development and Housing, City Hall, Room 202 before 12:00 noon on the Thursday preceding the regular meeting which is held on alternate Wednesdays. This allows us to get the information to the members of the Commission in time to be reviewed before the meeting.

The following items are needed:

1. Detailed sketch or rendering - must be to scale and show all colors and materials to be used. If required by law, sealed architectural plans may be necessary.
2. Photographs of the building to be improved, showing all relevant facades and surrounding buildings.

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**ATTACHMENTS**

- ( ) **Exhibit A:** Sketch or Rendering of Proposed Improvement
- ( ) **Exhibit B:** Detailed Contractor Bids for Proposed Project.
- ( ) **Exhibit C:** Proof of Ownership of Building to be Improved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Month/Date/Year

<b>PRODUCER</b>  Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box City, State & Zip Code Contact & Phone Number	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Contractor Name Contractor Street Address or P.O. Box City, State & Zip Code	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C:	
	INSURER D:	
	INSURER E:	

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
						MED EXP (Any one person)	\$25,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
							\$
A	<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A	<input checked="" type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$1,000,00
						AGGREGATE	\$Enter Limit
							\$
							\$
							\$
A	<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$500,000
						E.L. DISEASE - EA EMPLOYEE	\$500,000
						E.L. DISEASE - POLICY LIMIT	\$500,000
	<input type="checkbox"/>	<b>OTHER</b>					

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

General Liability Additional Insureds:  
 City of Alton  
 Madison County Community Development, a division of Madison County Government

### CERTIFICATE HOLDER

### CANCELLATION

Name of Project Owner  
 Address  
 City, State, Zip

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE