

DEPOE BAY URBAN RENEWAL AGENCY

PRESERVATION, REHABILITATION, DEVELOPMENT and REDEVELOPMENT INCENTIVE PROGRAM

PROJECT INTAKE FORM

Name of Applicant: _____ Date Submitted: _____

Street Address: _____ Telephone #: _____

Mailing Address (if different from Street Address): _____

Email: _____

Business Name: _____ Tax ID #: _____

Property Owner Name and Contact Information (if different than Applicant): _____

Project Property Site Address: _____

Lincoln County Assessor's Map # and Tax Lot #: _____

Brief Description of Project/Use of Funds: _____

Will any new or additional off-street or off-site parking be provided as part of your project? Y/N

If yes, how many and location: _____

Total Project Cost (see attached worksheet): _____ Amount of Grant Request: _____

Estimated Project Start Date: _____ Estimated Completion Date: _____

The statements made herein are true and represent an accurate and full disclosure of all appropriate information as of this date. Applicant understands that the URA will retain this application and any other information the URA receives, whether or not this funding request is approved. Applicant understands this request is public information; however any financial statements, tax returns, and business formation documents will be kept confidential. Applicant agrees to enter into an Agreement with the URA and to work cooperatively with Government officials on this project if funded.

Applicant Signature: _____ Date: _____

Which project(s) and/or goal(s) from the Depoe Bay Urban Renewal Plan does your project support, and how? *(Please refer to Grant Application Instructions for summary of Plan projects and goals. A copy of the entire Plan is available at Depoe Bay City Hall.)* _____

Does this project have the end result of viable for-profit business occupancy upon project completion? Y/N

Please Explain. _____

Does this project mitigate, reduce or remove blight? *(Please refer to Grant Application Instructions for blight definition/ORS 457.010)* _____

Does this project fully utilize, or maximize, the total square footage of the building? Y/N

Please Explain. _____

Current/Historic Use(s) of building/property: _____

Proposed Project Financing Worksheet

Estimated Costs (Itemized):		Proposed Sources of Funding:	Status(secured?)
Description	Cost		
1 _____	\$ _____	Cash : \$ _____	Y/N
2 _____	\$ _____	Private Loans: \$ _____	Y/N
3 _____	\$ _____	Commercial Loans: \$ _____	Y/N
4 _____	\$ _____	State Loan: \$ _____	Y/N
5 _____	\$ _____	State Grant: \$ _____	Y/N
6 _____	\$ _____	Other (specify): \$ _____	Y/N
7 _____	\$ _____	_____	
8 _____	\$ _____	URA Funding Request: \$ _____	
9 _____	\$ _____		

TOTAL COSTS: \$ _____

TOTAL FUNDING: \$ _____

Have you received URA funding previously? Y or N If yes, state project street address: _____

Please ensure the following items are included with the completed application form:

- Letter of Authorization from Property Owner if Owner is not the Applicant
- Current building/property photographs
- Detailed written narrative and visual description of the project
- Written confirmation that no past-due fines, taxes, fees, or outstanding violation of local ordinances or permits relating to the property exist

FOR OFFICE USE ONLY

Type of project (select all that apply):	Proposed Use Allowed in this Zone?	Y/N
<input type="checkbox"/> Building interior	Approvals required:	
<input type="checkbox"/> Building exterior façade	Planning Commission (commercial)	Y/N
<input type="checkbox"/> Accessibility	Planning Commission-Land Use (ie;CU)	Y/N
<input type="checkbox"/> Streetscape	Parking	Y/N
<input type="checkbox"/> Infrastructure	Building Permit	Y/N
<input type="checkbox"/> Building Code compliance	Easement/Encroachment	Y/N
<input type="checkbox"/> New construction/site development	Design Criteria (URA discretion)	Y/N
<input type="checkbox"/> Mitigation, reduction, removal of blight		

Date Received: _____

Reviewed By: _____

Date deemed complete: _____

Required Items included? Y/N

Date of URA review meeting: _____ Approved/Awarded? Y/N

Amount of Grant Awarded: _____