



**City of Winona
City Hall
207 Lafayette
P.O. Box 378
Winona, MN 55987**

REQUEST FOR FINANCIAL ASSISTANCE

PROJECT:

1. Legal Business Name:

d/b/a: _____

Address: _____

Telephone: _____

Contact: _____

State Tax ID#: _____

Federal Tax ID#: _____

DUNS #: _____

2. Brief description of the business:

3. Present Ownership of the Site: _____

4. Who will own the site during construction: _____

5. Who will own the site once construction is complete: _____

6. Location of proposed development: to include parcel numbers, addresses, area (acres/sq. ft.), legal description, and current use and zoning. Please indicate if parcel(s) will need rezoning.

7. Proposed Development: known or suspected environmental concerns of the site, type of development (retail, office, industrial, rental housing, homeownership, etc.), new construction or rehabilitation/renovation, will building demolition occur, are there historic designations, and what will the development do for the property and/or neighborhood.

8. Total Estimated Development Costs:

a.	Land Acquisition	\$	_____
b.	Site Development	\$	_____
c.	Building Cost	\$	_____
d.	Soft Costs	\$	_____
e.	Financing Costs	\$	_____
f.	Contingencies	\$	_____
	Total	\$	_____

9. Estimated Development Costs Eligible for TIF Assistance (i.e. Acquisition, Demolition, Site Improvements, Utilities, and Streets):

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____
	Total	\$	_____

10. PLEASE SUBMIT PROJECT PROFORMAS SHOWING NEED FOR ASSISTANCE (I.E. WITH ASSISTANCE AND WITHOUT)

11. Total Estimated Market Value at completion: \$_____

Current Market Value at completion: \$_____

12. Estimated real estate taxes upon completion: \$_____

Current real estate taxes: \$_____

13. Source of Financing

a. Equity \$_____

b. Bank Loan \$_____

c. TIF (Gap) \$_____

d. Tax Abatement (GAP) \$_____

Total: \$_____

14. Amount of Assistance and what will the funds be used for:

Estimated Gap: \$_____

Use of funds: _____

15. Type of Assistance Requested (Upfront or PayGO): _____

16. Name & Address of architect, engineer, and general contractor:

17. Development construction schedule:

a. Construction Start Date _____

b. Construction Completion Date _____

c. If phase project: _____ Year _____ % Complete

_____ Year _____ % Complete

18. State specific reasons why assistance is necessary for the development (the “but for” test).

19. If financial assistance (TIF and/or Abatement) is not provided, will the project (1) proceed as previously described utilizing other financing, (2) proceed in some alternative form, or (3) not proceed at all? If the project will proceed in some alternative form, provide a summary below.

20. Please indicate how the development would meet one or more of the following: Economic Development goals; creation of jobs that pay wages adequate to support households, job retention, and creation of affordable housing or tax base expansion.

21. Municipal Reference (if applicable). Please name any other municipalities wherein the applicant, or other corporations the applicant has been involved with, has completed developments within the last five years.

22. For Home Ownership Housing:

Type, number, and size of units (sq. ft. & number of bedrooms): _____

Type of construction and materials: _____

Anticipated sales price: _____

Target income level(s) the development will serve: _____

Details of any market studies completed or underway: _____

23. For Rental Housing:

Type and size of building(s) (# of floors, units, etc.): _____

Type of construction and materials: _____

Size of units (sq. ft.) and number of bedrooms: _____

Description of building/unit amenities: _____

List of utilities included with rent: _____

Target income level(s) the development will serve: _____

Monthly rental rates by unit type: _____

How long (years) are the proposed monthly rents expected to remain flat:

Details of any market studies completed or underway: _____

24. Additional Comments:

25. Submit this form and we will provide a workplan and request for a deposit fee. Any unused portion of the deposit will be returned upon project completion.

Additional Considerations

1. Will you agree to source all subcontractors from within a 100 mile radius of Winona?
Yes or No
2. If multi-family housing: Will you consider utilizing Xcel Energy’s Energy Design Assistance program, which is a comprehensive approach to energy and cost-savings for multi-family new construction or rehabilitation?
Yes or No
3. If multi-family housing: Will you consider using Property Assessed Clean Energy (PACE) funding which can provide financing support for construction which meets energy efficiency or alternative energy standards?
Yes or No
4. If single family housing: Will you consider utilizing programs and rebates offered by Xcel Energy to construct homes to exceed the local energy code and baseline energy efficiency requirements by at least 10%?
Yes or No

If the project requires planning and/or zoning approvals, you must make these applications concurrent with this request.

Agreement: I, by signing this application, agree to the following:

1. The information submitted is correct and adequately represented.
2. I understand the City reserves the right to deny approval, regardless of preliminary approval or the degree of construction completed before application for final approval.
3. I authorizes the City to check references, run a credit report, verify criminal and financial backgrounds and obtain other relevant information on the applicant and parties.
4. I agree to provide additional information as may be requested by the City after filing of this application.

Applicant Name (Printed): _____ Date: _____

Signature: _____