



**APPLICANT’S CERTIFICATION**

The Applicant certifies that all information in this application and all information furnished in support of this application, given for the purpose of obtaining a façade grant under the DTSB (Downtown South Bend) Exterior Enhancement Grant Program are true and complete to the best of the Applicant’s knowledge and belief. **I have read and understand the procedures and agree to follow the Exterior Enhancement Grant Process. I am submitting documentation as requested.**

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE E-MAIL THIS APPLICATION WITH ATTACHMENTS TO LESLIE PINSON, DIRECTOR OF BUSINESS ENGAGEMENT, AT [LPINSON@DOWNTOWNSOUTHBEND.COM](mailto:LPINSON@DOWNTOWNSOUTHBEND.COM)**

**OR**

**FAX THEM TO 574.233.7382**

**IF YOU ARE UNABLE TO EMAIL/FAX YOUR APPLICATION  
MAIL/DELIVER HARD COPIES TO THE ADDRESS BELOW:**

DTSB

c/o Exterior Enhancement Grant Committee

217 S. Michigan Street

South Bend, IN 46601

**PLEASE FEEL FREE TO CALL LESLIE WITH ANY QUESTIONS OR FOR FURTHER INFORMATION**

**574.968.7291**

## FULL APPLICATION REQUIREMENT CHECKLIST

Once an application has been pre-approved, the following items must be submitted for an application to be reviewed by the Exterior Enhancement Grant Committee:

- Signed and properly filled out Exterior Enhancement Grant Full Application
- Signed [Attachment A](#): General Design Enhancement Guidelines
- Signed [Attachment B](#): Exterior Enhancement Selection Guidelines
- Completed [Attachment C](#): Pre-qualification Statement for each apparent low bidding prime contractor
- Completed [Attachment D](#): Project Estimate Summary Sheet
- Summary Statement
- Photograph(s) of the property (digital photographs are acceptable)
- Proof that all property taxes on the subject property are paid to date
- Proof of ownership of the property or written authorization from the property owner to make the proposed renovations
- Project estimate(s) from at least two licensed pre-qualified contractors with detailed scope of work
- Additional information such as:
  - Detailed drawings/plans that describe and illustrate your project including color and material samples
  - Any other information that will help us understand your project

## ATTACHMENT A

### General Design Guidelines

1. Changes to the façade of the buildings will not remove, alter, damage or cover up significant architectural features of the building which are original or which reflect a major alteration that is itself architecturally coherent, or which help create a unified and attractive appearance to the building.
2. Changes to the façade of buildings will either; 1) partially or fully restore to the appearance of the building based on actual evidence, including photographs, written documentation, data on the building or site, or other data, or 2) represent a modern treatment which blends into and is compatible with the building and adjoining buildings.
3. In general, the Exterior Enhancement Grant Review Committee will encourage repair and preservation of existing features of facades, unless alterations to these facades have resulted in an incoherent, unattractive, or inharmonious appearance. While encouraging correction of such alterations, the committee will advocate minimal alterations of harmonious features.
4. For facades which have been substantially altered previously and for which a modern treatment is chosen, such a treatment will conform with the features, materials, rhythms, color and general appearance of the building and those adjoining, particularly if the building is one in a row of buildings with identical or similar design features.
5. Paint colors will either be based on original colors obtained from paint samples on the buildings, or be compatible with adjoining buildings and colors in downtown South Bend. Trim colors, which highlight building details, will be encouraged. Paint colors shall be reviewed and approved by the Committee.
6. The size, color, and shape of a sign should complement the building and add to the historic flavor of the area. The surface cleaning of the structures will be undertaken with the gentlest of means possible. Cleaning methods that damage the historic building materials, particularly sandblasting, shall not be undertaken.

I/We certify that I/We have read and understand the above design guidelines.

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Applicant

Date

## ATTACHMENT B

### Exterior Enhancement Grant Selection Criteria

The following percentage based criteria will be used to assess each application and determine the awardees for the funding of Exterior Enhancements

#### 1. Overall Impact of Project (50%)

- a. Location of Project (Hot Spot, Tier 1, Tier 2)
- b. Visual Impact (Quality of Design) in context of surroundings
- c. Transformational impact: magnitude of the change as a result of the proposed project
- d. Scope of Work

#### 2. Economic Impact of Project (25%)

- a. Total Project Cost/Amount Requested
- b. Is the project likely to spur other investment?
- c. Financial Strength of Applicant
- d. Has the applicant received funding for the same or different building? If so, number of jobs.
- e. Is the enhancement permanent (i.e., will it outlast the current particular business?)

#### 3. Completeness of Application (10%)

- a. Accuracy and completeness of each section
- b. Thoroughness of information provided
- c. Timeliness and promptness of information provided
- d. Use of pre-qualified prime contractors
- e. Confidence that applicant has the resources to complete & maintain the enhancement

#### 4. Other Considerations (15%)

- a. Energy efficiency and use of other sustainable design concepts
- b. Unique architectural features
- c. Other

I/We certify that I/We have read and understand the above selection criteria and will accept the final recommendations of the Exterior Enhancement Grant Program Review Committee and the DTSB Board of Directors.

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Applicant

Date

**ATTACHMENT C**

**Contractor Pre-Qualification Review #1**

Name of Contractor: \_\_\_\_\_ Corporation Type: \_\_\_\_\_

Address: \_\_\_\_\_ Year Founded: \_\_\_\_\_

\_\_\_\_\_ Union Affiliation: \_\_\_\_\_

Owner: \_\_\_\_\_ Bonding Capacity: \_\_\_\_\_

**Scope of Contracting Services:**

\_\_\_\_\_  
\_\_\_\_\_

**Project Management Staff:**

\_\_\_\_\_

**Field Superintendent Staff:**

\_\_\_\_\_

Last Three Years Net Revenue: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**References (three minimum):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe most recent prior experience of similar scope:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewed by:**

DTSB Staff: \_\_\_\_\_ Date: \_\_\_\_\_

DTSB Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Façade Grant Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**Observations and recommendations:**

\_\_\_\_\_  
\_\_\_\_\_

**Contractor Pre-Qualification Review #2**

Name of Contractor: \_\_\_\_\_ Corporation Type: \_\_\_\_\_

Address: \_\_\_\_\_ Year Founded: \_\_\_\_\_

\_\_\_\_\_ Union Affiliation: \_\_\_\_\_

Owner: \_\_\_\_\_ Bonding Capacity: \_\_\_\_\_

**Scope of Contracting Services:**

\_\_\_\_\_  
\_\_\_\_\_

**Project Management Staff:**

\_\_\_\_\_

**Field Superintendent Staff:**

\_\_\_\_\_

Last Three Years Net Revenue: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**References (three minimum):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe most recent prior experience of similar scope:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewed by:**

DTSB Staff: \_\_\_\_\_ Date: \_\_\_\_\_

DTSB Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Façade Grant Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**Observations and recommendations:**

\_\_\_\_\_  
\_\_\_\_\_

**Attachment D**

**Project Estimate Summary Sheet**

Bids Solicited/Submitted:		
Scope/Trade	Bidder	Bid Amount
1.		<b>[\$Amount]</b>
2.		
3.		
4.		
5.		
6.		
Actual Work Proposed by Applicant for Reimbursement:		
Scope/Trade	Bidder	Bid Amount
		\$[Amount]
		\$
		\$

Total Project Cost (TPC): \$

Grant Request (50% of TPC up to maximum \$20,000): \$

**Reviewed by:**

DTSB Staff: \_\_\_\_\_ Date: \_\_\_\_\_

DTSB Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Façade Grant Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Observations and recommendations:

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