



ST. JOSEPH
Downtown
COMMUNITY IMPROVEMENT DISTRICT

Grant Program

Please return completed form to:

The St. Joseph Downtown Community Improvement District

713 Edmond St.

St. Joseph, MO 64501

st.josephdowntown@yahoo.com

(816) 233-9192 [Office]

(816) 233-0385 [Fax]

**ST. JOSEPH DOWNTOWN IMPROVEMENT DISTRICT GRANT
APPLICATION PROGRAM**

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE MAIN: _____ SECONDARY _____ FAX _____

WEBSITE: _____ EMAIL: _____

CONTACT PERSON [IF DIFFERENT THAN APPLICANT]: _____

APPLICANT REQUIREMENTS

Grant funds from the SJDCID **must** be used within the current boundary of the district. The applicant may be operating a business or own real estate within the district or operate and provide general community development/improvements within the boundary of the SJDCID. The applicant must be one of the following:

- Individual
- Incorporated Nonprofit Organization or Municipality
- Incorporated Association or group of people with a nonprofit objective
- Incorporated For Profit Company [LLC, S-CORPORATION, and C-CORPORATION]
- Partnership, Trust, D/B/A or other accepted business formation

Grant funds **cannot** be used for any of the following:

- Purchase food or refreshments
- Pay salaries or stipends of the applicant or related/associated company
- Capital expenditures by Cultural Councils or Religious Organizations

How does the proposed project provide PUBLIC BENEFIT and contribute to the cultural or economic vitality of the downtown community as a whole? [500 Characters or Less]:

If the project involves public art displays that are planned to be short term, long term or permanent, please describe the qualifications of the key artist(s) involved and web page for a sample viewing of his/her work. [500 Characters or Less]:

Are there any other individuals, organizations, collaborators or contributors that will be involved in the project, and if so please list each one and their level of participation. If applicable, please list anyone who has made a firm financial commitment to the project and amount of the commitment. [500 Characters or Less]:

How do you plan to promote the proposed project to the community and reach your target audience? [500 Characters or Less]: _____

BUDGET AND FINANCIAL INFORMATION

Please list below any financial support for the project from outside of the SJDCID funding being requested including any in-kind goods or services that you anticipate receiving. These in-kind goods or services can include such items like loaned work spaces, reduced/free rent space, materials/supplies necessary for the project, hours of service by a person/group necessary to complete the project and any other additional value added service/item you deem necessary:

PROJECTED EXPENSES [How much will it cost to complete your project?]

Salaries-----	\$ _____
Space Rental-----	\$ _____
Marketing/Promotion Costs-----	\$ _____
Material Cost [Listing/Bids To Be Attached] ----	\$ _____
Other Supplies-----	\$ _____
Other Expenses: [travel, equipment rental, etc.]	
Detailed out Other Expenses	
#1 _____	\$ _____
#2 _____	\$ _____
#3 _____	\$ _____
#4 _____	\$ _____
#5 _____	\$ _____
TOTAL PROJECTED EXPENSES	\$ _____
LESS AMOUNT REQUESTED FROM SJDCID	\$ (_____)
ADDITIONAL INCOME NECESSARY TO COMPLETE THE PROJECT:	\$ _____

Detail Additional Income/Funding Sources

#1 _____	\$ _____
#2 _____	\$ _____
#3 _____	\$ _____
#4 _____	\$ _____
TOTAL ADDITIONAL INCOME	\$ _____

Can you adjust the project if the SJDCID cannot fund the entire amount you are requesting to complete the proposed project? [500 Characters or Less]: _____

The signature below is that of the person authorized to testify as to the accuracy of this application. It is understood that additional information may be requested as follow up to this request and without such additional information the application will be considered incomplete and not reviewed until all information is received.

Funding for the program is limited and the pool of funds may not be available at the time of application. Nothing expressed in this document is an agreement to fund any requested presented to the SJDCID. It is also understood that a Grant Application Review Committee shall review this application and pass on their suggestions/recommendation/comments to the entire board for their final review and decision.

If the project with this application is submitted is approved for funding by the C.I.D., the applicant agrees to cooperate with the C.I.D. in public promotion and support for this program offered by the C.I.D. In addition the applicant also agrees to help promote the Downtown Association, Downtown Partnership and other area organizations that work together in promoting economic growth and vitality within the C.I.D. boundary. Such assistance can be in the form of participation of tours and participation of various downtown promotion efforts.

If you have any additional questions regarding the Grant Program or need additional information, please contact the C.I.D at the following address:

St. Joseph Downtown Community Improvement District
ATTENTION: Becky Boerkircher
713 Edmond Street
St. Joseph, MO 64501

To make contact Becky by phone, she can be reached at 1-816-233-9192 [Office] or 1-816-233-0385 [Fax] or via email at st.josephdowntown@yahoo.com

In addition as part of this application there will be a Post or Mid-Term Project review that needs to be completed by the applicant and provided to the C.I.D. [Attachment A]. Depending on the time frame of the project as described in the application above, the C.I.D. will provide guidance as to what type of review will be requested.

I/We the under signed have read and understand the above statements and hereby give the C.I.D. and its staff, assigns or representatives authorization to obtain verifications necessary to complete and process this grant application.

Applicant Date

Received by on Behalf of the
SJDCID: _____
Date

ATTACHMENT "A"
Project Report Guidelines for Expenditures by the C.I.D.

_____ MID-TERM & POST TERM PROJECT REVIEW REQUIRED

_____ POST TERM PROJECT REVIEW REQUIRED

This document is to be submitted to the C.I.D. Board _____ days after the project is completed, and if a MID-TERM report is also being required it should be submitted when it is estimated that 50% of the project is completed. The required information may be adjusted depending upon the type of project being funded.

PROJECT NAME: _____

PERSON/ORGANIZATION RECEIVING FUNDS: _____

1. Briefly describe:
 - Project

 - Amount of Funding from C.I.D. and other sources

 - C.I.D. funds received to date and remaining amount to be funded

2. List total program expenses for invoices that exceed \$100

3. Describe planned/desired outcomes of the project in detail when possible:
 - If available both Quantitative measurements and Qualitative assessments

 - Before/During/After Photos

4. Attach copies of publicity about the project/activity [media/press releases] and make note of any publicity where the C.I.D. was mentioned as playing a role in the project.

5. Discuss if/how the project met the expected goals.

6. What did you learn from undertaking of the project?

7. Do you anticipate submitting a future request for C.I.D. support or funding?

