

# CITY OF MADISON

## DOWNTOWN RECOVERY PROGRAM



Department of Planning & Community & Economic Development

### Economic Development Division

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Office of Business Resources

## PROGRAM APPLICATION

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

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you identify as a person of color, immigrant, woman, disabled, veteran or other underrepresented group? Please specify: \_\_\_\_\_

Do you employee 20 or fewer full-time equivalent (FTE) employees, including the owner(s)? Yes \_\_\_\_  
No \_\_\_\_

Are your annual revenues (gross sales and receipts) less than \$750,000? Yes \_\_\_\_ No \_\_\_\_

Are you in compliance with all local, state, and federal taxes (or on an approved payment plan)?  
Yes \_\_\_\_ No \_\_\_\_

Applicants must meet at least one of the following ownership/management requirements:

Does your business have at least 50% of the owners residing in Dane County? Yes \_\_\_\_ No \_\_\_\_

Does your business have at least 50% of key managers living in Dane County, and where said managers independently control purchasing decisions, managers make independent decisions regarding the name and look of the business, including marketing, advertising, and logo design and branding decisions. Managers make independent decisions regarding business procedures, practices, and policies? Yes \_\_\_\_ No \_\_\_\_

Is your business headquartered in and registered to a Dane County Address? Yes \_\_\_\_ No \_\_\_\_

Please describe the damage to your business: \_\_\_\_\_

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What was the cost of the repairs? \_\_\_\_\_

Did you use insurance to cover the cost of repairs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much was your deductible? \_\_\_\_\_

Did you receive any funding from any other organization or program to cover the cost of these repairs or deductible? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much did you receive? \_\_\_\_\_

How much grant funding are you seeking from the City through this Downtown Recovery Program?  
\_\_\_\_\_

**Note: The City requires a 1:1 match from non-City sources for work completed and the total cost of repairs must exceed \$500 to be eligible.**

Have you attached a copy of your invoice, receipts, or other documentation showing that contractors have been paid for work completed; or, that your insurance company has been paid a deductible? Yes \_\_\_\_\_ No \_\_\_\_\_

OTHER REMARKS OR COMMENTS \_\_\_\_\_

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## APPLICANT'S CERTIFICATION

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant under the City of Madison Downtown Recovery Grant Program and is true and complete to the best of the applicant's knowledge and belief.

The Applicant certifies that he/she/they is in compliance with all local, state, and federal taxes (or on an approved payment plan).

The Applicant certifies that she/he/they employ 20 or fewer full-time equivalent (FTE) employees, including the owner(s).

The Applicant certifies that he/she/they earn less than \$750,000 in annual revenues (gross sales and receipts).

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

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

Please send this completed application and accompanying materials to:

City of Madison  
Economic Development Division  
Attn: Tom Otto  
PO Box 2983  
Madison, WI 53701-2983

Or Via Email: [totto@cityofmadison.com](mailto:totto@cityofmadison.com)