

FY 2025 COMMERCIAL FACADE RENOVATION PROGRAM

City of Marion Hub Tax Increment Financing (TIF) District

City of Marion, 1102 Tower Square Plaza, Marion, IL 62959/ Telephone: (618) 997-6281

The **Marion Hub TIF District FY 2025 Commercial Façade Renovation Program** (the “Program”) is designed to stimulate economic growth and visibly enhance commercial properties within the Marion Hub Tax Increment Financing (TIF) District Redevelopment Project Area as depicted below (*Fig. 1*).

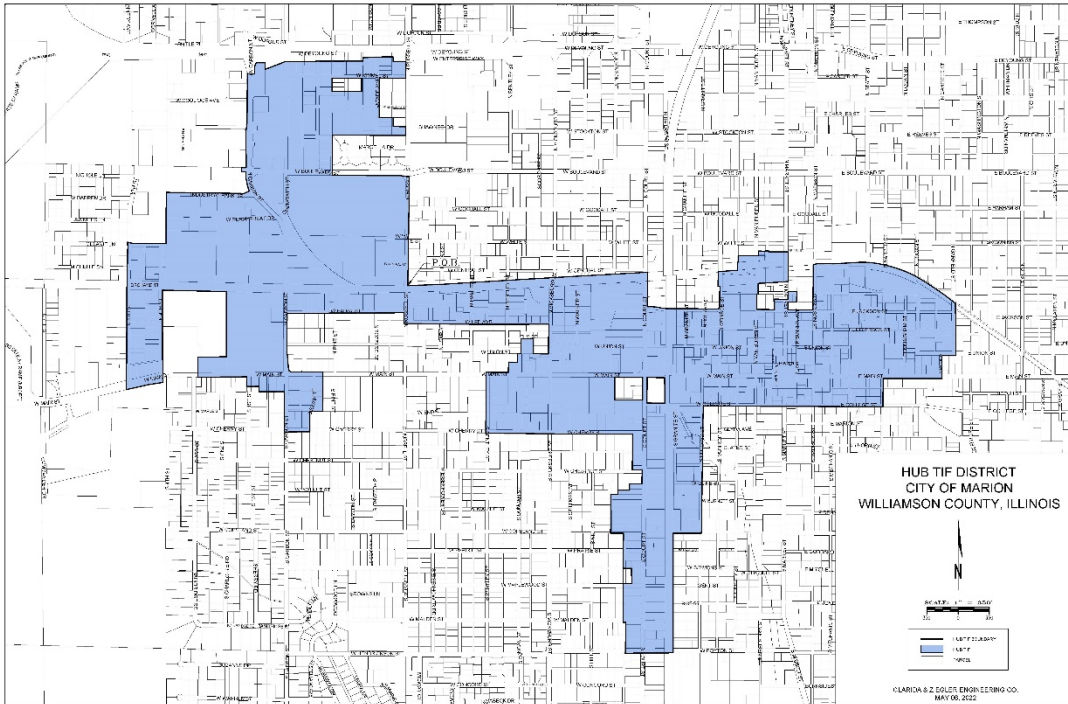


Figure 1. City of Marion Hub Tax Increment Financing (TIF) District.

Program Basics:

- **Purpose:** Program applications are accepted for projects that will result in substantial improvements to existing commercial storefronts, sides, and rear facades of existing commercial buildings within the TIF District that also face a City street.
- **Frequency:** City will accept only one (1) Program Application per commercially zoned Property per Applicant during Fiscal Year 2025.
- **Maximum Benefit:** 50% of TIF eligible project costs incurred by the Applicant, not to exceed \$10,000. Program grants are reimbursements for which the Applicant must first complete the project within 180 days of approval for Program Grant Funding and verify total project costs upon completion.
- **Compliance:** Projects supported with Program grant funds must comply with the TIF Act, the City’s Design Review Guidelines, and applicable building codes.
- **Special Program:** This Program is specifically offered to commercially zoned properties within the Marion Hub TIF District. Grant funding may be awarded to qualified Applicants irrespective of other financial assistance or incentives offered by the City.

For assistance with determining eligibility for this Program or other potential Tax Increment Financing incentives, please contact the City for more information.

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- APPLICATION FORM -

Date of Application: _____ / _____ / _____

Applicant Name: _____ Owner of Subject Property Tenant of Subject Property

Property Owner Name(s): _____ *(if different from Applicant)*

Applicant Address: _____

Subject Property Tax ID (PIN): _____ *(only one PIN per application)*

Subject Property Site Address: _____

Applicant Daytime Phone: _____ Email Address: _____

Type of Business Located on Subject Property *(check all that apply)*:

Service Retail Other *(describe)*: _____

Are any residential addresses located on the Subject Property? Yes No

Anticipated Project Start Date: _____ and Estimated Project Completion Date: _____

Total Estimated Project Costs: \$ _____ *(estimated costs must be verified upon completion of the Project).*

Description of proposed project *(a more detailed description should be attached and submitted with the Application)*:

NOTE: Program grants funds shall be awarded only for TIF eligible project costs pursuant to 65 ILCS 5/11-74.4 *et. seq.* on a first-come-first-served basis, and subject to the availability of funds as may be annually allocated by the Marion City Council.

Please read the following requirements carefully:

1. Property owners may apply for and receive Program grants for each commercially zoned property only once during the City's Fiscal Year 2025 (May 1, 2024 through April 30, 2025).
2. Only properties that are located within the Marion Hub Tax Increment Financing (TIF) District are eligible to apply for this Program. A "Property" is defined herein as a parcel upon which an existing commercial building or a portion of an existing commercial building is located on a lot having a unique Property Identification Number (PIN) as assigned by the Office of the Williamson County Supervisor of Assessments that is classified as Commercial Use by the County and is not used for residential purposes. The PIN can be found on the most recent real estate tax bill.
3. Applicants must attach a detailed description of the planned improvements, estimated costs of the project (including contractor bids) and a project schedule. Conceptual sketches and drawings are encouraged, and the City reserves the right to request additional information, including but not limited to how the building will be utilized (e.g., anticipated type of business use) after the improvements are completed.
4. Projects supported with Program grant funds must comply with the TIF Act, the City's Design Review Guidelines, and applicable building codes. All materials must be purchased within the corporate limits of the City of Marion to be eligible for reimbursement. Applicant may consult with City Staff regarding specific requirements and permits.

- a. Pursuant to the TIF Act, no Program Grant Funds shall be used to demolish, remove, or substantially modify a historic resource. Exceptions may be made for a place or structure for which the City determines no prudent and feasible alternative exists, or the demolition, removal, or modification is subject to review by the preservation agency of a Certified Local Government designated as such by the National Park Service of the United States Department of the Interior. A "historic resource" for the purpose of this paragraph means (i) a place or structure that is included or eligible for inclusion on the National Register of Historic Places or (ii) a contributing structure in a district on the National Register of Historic Places.
5. The maximum Program grant amount for an approved *FY 2025 Commercial Facade Renovation Project* shall not exceed **50%** of the total project costs or a single lump sum reimbursement of **Ten Thousand and 00/100 Dollars (\$10,000.00)**, whichever is less, per individual commercial property PIN per Applicant for the following types of TIF eligible project costs. An Applicant who is affiliated with multiple companies or corporations will only be eligible to apply for one grant.
 - a. Qualified Projects may include exterior repairs and renovations to storefronts, sides and rear facades of existing commercial buildings that also face a City street. Such repairs and renovations include: exterior masonry & brick restoration/tuckpointing; painting/re-siding exterior walls; roof repair/replacement; replacement of façade improvements including exterior doors, windows, awnings, lighting and landscaping; ADA compliant entries; as well as final exterior trim work and weatherproofing. Certain interior improvements which are a consequence of the proposed exterior rehabilitation may qualify as well.
 - b. General custodial, cleaning, and property maintenance services do not qualify for reimbursement through this Program. However, repairs and renovations that are believed to be outside the scope of this Program should be discussed with City staff, who may recommend other types of assistance.
 - c. All Project improvements must be completed within 180 days of City approval of the Program Application.
 6. If Applicant is a tenant of the Property and is undertaking leasehold improvements that will be reimbursed through Program grant funding, then the Applicant must provide City with verification of written consent from the property owner for the proposed improvements described herein.
 7. Applications are subject to initial review and recommendation by the Mayor's Chief of Staff and the City's TIF Administrator. All applications must then be approved by the Marion City Council.
 8. It is the understanding of the City and the Applicant that the position of the Illinois Department of Labor is that the Illinois Prevailing Wage Act does not apply to TIF increment received by private Developers as reimbursement for TIF Eligible Project Costs. This position of the Department of Labor is stated as an answer to a FAQ on its website at: <https://labor.illinois.gov/faqs/prevailing-wage-faq.html>.
 9. **Program grant funds are paid by the City of Marion to the Applicant upon completion of the Project and verification of TIF eligible project costs – no exceptions.** In advance of receiving Program grant funds, Applicant must: a) verify the most recent real estate tax bill has been paid for the Property; b) verify total project costs incurred, including sufficient TIF eligible project costs equal to or greater than the amount of Program grant funds awarded to the Applicant by the City Council; and c) submit a completed W9 to the City. The City's obligation hereunder to award grant funds for TIF eligible project costs is a limited obligation to be paid solely from the Marion Hub TIF District Special Tax Allocation Fund.
 10. The Marion City Council reserves the right to award grant funds only to those Applicants who undertake projects the City deems to be compliant with the TIF Act and those projects that the City believes will further stimulate the type of commercial revitalization that is in the best interests of the citizens of the City of Marion. Preference will be given to those applicants who have not previously received TIF incentives from the City. The rights and obligations of the Applicant under this Program Application shall not be assignable by the Applicant without providing written notice to the City and the City's consent.

The undersigned certifies and warrants that to the best of his/her knowledge the information contained in and attached to this Application Form is true, correct, and complete and furthermore agrees to the terms and conditions provided herein. Nothing contained in this Program Application shall be construed by the City or the Applicant or any third person to create the relationship of a partnership, agency, or joint venture between the City and the Applicant. Subject to City Council approval, this Program Application shall become a binding Redevelopment Agreement for which the undersigned hereby warrants full authority to both execute this Agreement and to bind the entity in which they are signing on behalf of.

Applicant Signature _____ Date: _____

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- APPROVAL FORM FOR CITY USE ONLY -

Applicant Name: _____

Subject Property Tax ID (PIN): _____ *(only one PIN per application)*

Subject Property Site Address: _____

Date application received by the City of Marion: ____ / ____ / ____ by _____

Planned Improvements Verified as TIF Eligible Project Cost: Yes No (reason: _____)

Approved by Mayor's Chief of Staff: Yes, date: ____ / ____ / ____

No (reason: _____)

Maximum Grant Funds Recommended for Approval by City Council: \$_____.

BE IT ORDAINED BY THE CITY OF MARION, WILLIAMSON COUNTY, ILLINOIS THAT:

1. The Application referenced above for the FY 2025 Commercial Facade Renovation Program is hereby approved and shall be effective from and after its passage and approval as herein required by law.
2. The Mayor is hereby authorized and directed to accept and execute said Application on behalf of the City and the City Clerk of the City of Marion is hereby authorized and directed to attest such execution.
3. The amount payable hereto in consideration of the Applicant complying with the terms of said Application shall not exceed **50%** of Applicant's total project costs or **Ten Thousand and 00/100 Dollars (\$10,000.00)**, whichever is less.

PASSED, APPROVED AND ADOPTED by the Corporate Authorities of the City of Marion, Williamson County, Illinois, on the _____ day of _____, 20____, and deposited and filed in the Office of the City Clerk of said City on that date.

| MAYOR & COMMISSIONERS | AYE VOTE | NAY VOTE | ABSTAIN / ABSENT |
|-----------------------|----------|----------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL VOTES: | | | |

APPROVED: _____ Date ____ / ____ / ____

Mayor, City of Marion

ATTEST: _____ Date: ____ / ____ / ____

City Clerk, City of Marion

Completion of Project verified on ____ / ____ / ____ . Total Project Costs: \$_____ Final Grant Amount: \$_____

Verification of TIF Eligible Project Costs incurred by the Applicant were approved by TIF Administrator on ____ / ____ / ____ .

City grant payment issued to applicant on ____ / ____ / ____ by City Check No. _____.