BLUE SPRINGS
MISSOURI

FINANCIAL INCENTIVES APPLICATION

DATE: _____ APPLICANT: _____

ADDRESS: _____

PHONE: _____ PRIMARY CONTACT: _____

E-MAIL: _____ DEVELOPMENT NAME: _____

PROJECT TYPE (check all that apply):

☐ **Industrial/ Manufacturing/ Technology**
- ☐ New Building, no existing Missouri operations
- ☐ New Building, other Missouri operations in existence
- ☐ Expansion of existing facility
- ☐ Retaining Existing facility

☐ **Retail / Restaurant/ Hotel**
- ☐ New single-tenant building
- ☐ New multi-tenant building
- ☐ Remodel / Addition / Expansion of existing building

Office
- ☐ New single-tenant building
- ☐ New multi-tenant building
- ☐ Remodel / Addition / Expansion of existing building

☐ **Downtown Development**
- ☐ Remodel/ Addition / Expansion of existing building
- ☐ Exterior facade improvements
- ☐ Construction of new building

☐ **Residential**
- ☐ New residential home(s) or units
- ☐ New residential home(s) or units in multi-use building
- ☐ Remodel/ Addition / Expansion of existing building

☐ **Other (please explain):**

PROPERTY AT WHICH INCENTIVES ARE BEING SOUGHT

(please attach map and legal description)

ADDRESS: _____

CURRENT PROPERTY OWNER:

_____

WILL APPLICANT PURCHASE THE PROPERTY? ☐ Y / ☐ N

TOTAL ACRES: _____ BUILDING SQUARE FOOTAGE: _____

TOTAL ESTIMATED INVESTMENT: _____

Acquisition of land/buildings $_____ Annual lease of land/buildings $_____

Cost of plans, studies, surveys, etc. $_____

Site preparation costs $_____ Utility/infrastructure costs $_____

TIMELINE

Calendar year which applicant intends to begin construction: _____

Anticipated opening date: _____

TYPE OF FINANCIAL INCENTIVE DESIRED

☐Tax Abatement/ Redirection

- ☐ Tax Increment Financing
- ☐ Chapter 100 Industrial Revenue Bonds
- ☐ Chapter 353 Tax Abatement (blight removal)
- ☐ Main Center Redevelopment Corporation Tax Abatement (Downtown development only)

☐ Special Assessment/ Property Tax/ Sales Tax

- ☐ Community Improvement District
- ☐ Neighborhood Improvement District
- ☐ Transportation Development District

APPLICATION FEES

Tax Increment Financing

New TIF Plan - $10,000

New TIF Plan Over 15 acres - $15,000

Full-Amendment to Existing Plan - $10,000

Minor Amendment to Existing Plan - $5,000

Funding Agreement - Negotiated Per Project

Chapter 100 Industrial Revenue Bonds

Funding Agreement - Negotiated Per Project

Main Center Redevelopment Corporation

Application Fee - $750

Chapter 353 Tax Abatement

Funding Agreement - Negotiated Per Project

Community Improvement District

Funding Agreement - Negotiated Per Project

Neighborhood Improvement District

Funding Agreement - Negotiated Per Project

Transportation Development District

Funding Agreement - Negotiated Per Project

Site Specific Agreements

Funding Agreement - Negotiated Per Project

DOWNTOWN APPLICATION

BLUE SPRINGS MISSOURI

903 W Main Street, Blue Springs, MO | (816) 228-0110
DevelopmentSubmittals@bluespringsmo.gov

PROJECT LOCATION INFORMATION

Project Name: _____

Project Address: _____

(Parcel ID if no Address Assigned or Multiple Addresses)

Legal Description (attach as a separate page if too large):

APPLICATION

(check all that apply)

☐ Historic Preservation Commission ☐ MCRC Program ☐ Commercial Façade Grant

APPLICANT INFORMATION

Name of Applicant: _____ Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

I agree to allow the City of Blue Springs to copy and distribute all project plans, materials, and information and post on the officio/ City of Blue Springs web site as necessary for the project approval process, including public hearings. Additionally, I agree to pay the City of Blue Springs in full all applicable fees and costs required for the project approval process, including all public notifications.

Applicant Signature: _____ Date: _____

PROPERTY OWNER INFORMATION

Name of Applicant: _____ Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

I declare, under penalty of perjury, that in applying for this application, I am the owner of this property and that the statements herein and all information herewith submitted are, to the best of my knowledge and belief, true and correct. In the event of corporate ownership, a list of all Directors, Officers, Stockholders of each Corporation owning more than five percent {5%} of any class of stock must be attached. With the signing and submittal of this application, I authorize the City of Blue Springs to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by City Council, Boards & Commissions, and City Staff. Additionally, as the legal owner of the above property, I hereby grant authorization to complete the improvements indicated on this application.

Property Owner Signature: _____ Date: _____

REQUIRED DOCUMENTS CHECKLIST FOR ALL APPLICATIONS

Requirement	Description	Number
☐ Project Information	Complete on 1st Page of this Application	
☐ Project Description	Provide narrative describing the project in space provided below. If necessary, attach additional pages	
☐ Contact Information Sheet	Complete the contact information	
☐ Additional Application Requirements	Complete all applicable information listed on pages 4-6 of this application	
☐ Other Required Information	See UDC Chapter 402 – Review & Decision-Making Bodies & UDC Chapter 408 – Supplemental standards for all other required information	

PROJECT DESCRIPTION

CONTACT INFORMATION FORM

Project Lead

Name: _____ Phone: _____

Company: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Developer

Name: _____ Phone: _____

Company: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Engineer

Name: _____ Phone: _____

Company: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Architect

Name: _____ Phone: _____

Company: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Surveyor

Name: _____ Phone: _____

Company: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Landscape Architect

Name: _____ Phone: _____

Company: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Attorney

Name: _____ Phone: _____

Company: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Other

Name: _____ Phone: _____

Company: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Other

Name: _____ Phone: _____

Company: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

ADDITIONAL APPLICATION REQUIREMENTS FOR HISTORIC PRESERVATION COMMISSION

Type	Requirement	Format

New Building	• Four (4) sets of scaled drawings showing the proposed site plan, building elevations, and landscape plan (if applicable).
	  ○ Site Plan must show setbacks from right-of-way, property lines, and any other buildings on site.
	  ○ Building elevations must label building materials and colors.
	• A Site Plan Design Review application may also be required.
		One 8.5" x 11" AND plans large as necessary for legibility

Building Addition	• Four (4) sets of scaled drawings showing the proposed site plan, building elevations, and landscape plan (if applicable).
	  ○ Site Plan must show setbacks from right-of-way, property lines, and any other buildings on site.
	  ○ Building elevations must label building materials and colors.
	• A Site Plan Design Review application may also be required.
		One 8.5" x 11" AND plans large as necessary for legibility

Building Façade Alterations (includes signage)	• Four (4) sets of scaled drawings showing the proposed building elevation changes. ○ Building elevations must label building materials and colors. • Four (4) sets of photographs and/or renderings showing the proposed changes (Before & After). • A Site Plan Design Review application may also be required.	One 8.5" x 11" AND plans large as necessary for legibility

New Accessory Structure	• Four (4) Plot Plans showing the proposed accessory structure.
	  ○ Plot Plan must show location of accessory structure and applicable setbacks.
	  ○ Note the dimensions, square footage, height, and material of accessory structure.
	• A Building Permit may also be required.
		One 8.5" x 11" AND plans large as necessary for legibility
		One 8.5" x 11" AND plans large as necessary for legibility

ADDITIONAL APPLICATION REQUIREMENTS

FOR COMMERCIAL FAÇADE GRANT

Project Information

Address of Property to be Improved: _____

Number of Stories: _____ Is building Located on a Corner? ☐ Yes ☐ No

Is this property located in a local historic district or conservation area? ☐ Yes ☐ No ☐ Unsure

Building Occupancy

Is the first floor of the building currently occupied? ☐ Yes ☐ No

Name of Business(es): _____

Type of Business: ☐ Retail ☐ Service ☐ Office ☐ Other: _____

Phone(s): _____

Itemized Costs

Attach minimum of 3 bids/estimates to this application. Itemize the bids below for each portion of the project (i.e.) exterior painting, window replacement, signage, etc.). **For each item, select only one (1) preferred bid from the options provided (Bid #1, Bid #2, or Bid #3) using the selection buttons provided**. Proof of payment (invoices/receipts) and at least one "after" picture is required for reimbursement after completion.

ITEMIZED DESCRIPTION OF WORK: _____

☐ Bid #1 Submitted by: _____ Amount: $_____

☐ Bid #2 Submitted by: _____ Amount: $_____

☐ Bid #3 Submitted by: _____ Amount: $_____

ITEMIZED DESCRIPTION OF WORK: _____

☐ Bid #1 Submitted by: _____ Amount: $_____

☐ Bid #2 Submitted by: _____ Amount: $_____

☐ Bid #3 Submitted by: _____ Amount: $_____

ITEMIZED DESCRIPTION OF WORK: _____

☐ Bid #1 Submitted by: _____ Amount: $_____

☐ Bid #2 Submitted by: _____ Amount: $_____

☐ Bid #3 Submitted by: _____ Amount: $_____

ITEMIZED DESCRIPTION OF WORK: _____

☐ Bid #1 Submitted by: _____ Amount: $_____

☐ Bid #2 Submitted by: _____ Amount: $_____

☐ Bid #3 Submitted by: _____ Amount: $_____

Project Costs

Estimated Cost: $_____ Amount Requested: $_____

Estimated Timeline

Start Date: _____ Completion Date: _____

I have read and understand the **Commercial Façade Grant Guidelines.** I understand that the Commercial Façade Grant must be used for the project described in the application and that all applicable review processes must be completed and approved prior to beginning construction. I understand that failure to comply with the approved application may result in losing my eligibility to receive funds. I acknowledge that the City of Blue Springs is obligated only to administer the grant procedures and is not liable to the applicant, owner, or third parties for any obligations or claims of any nature growing out of, arising out of or otherwise related to the project or application undertaken by the applicant and/or owner.

Applicant Signature: _____ **Date:** _____

ADDITIONAL APPLICATION REQUIREMENTS FOR MCRC PROGRAM

Project Information

Address of Property to be Improved: _____

Does this applicant own the project building? ☐ Yes ☐ No

Has this property received MCRC abatement before? ☐ Yes ☐ No

Are you applying for any other programs for this project (i.e. HTC, LIHTC, CDBG)? ☐ Yes ☐ No

Amount of property taxes paid last year: $_____

Building Occupancy

What is (are) the existing use(s) of the building?

Existing Business Name	Business License Number

Does the proposal result in a change in use of the building? ☐ Yes ☐ No

If so, please explain:

_____

Project Details

The project will involve the buildings: ☐ Interior ☐ Exterior ☐ Both

Estimated Investment: $_____

Program Level Requested: ☐ Level A (1) ☐ Level A (2) ☐ Level B ☐ Level C

Estimated Timeline

Start Date: _____ Completion Date: _____

The information submitted herein is true and accurate to the best of my (our) knowledge. Also, I (we) have read and understand the conditions of the MCRC Tax Abatement Policy and agree to abide by its conditions and guidelines.

Applicant Signature: _____ **Date:** _____

MCRC TAX ABATEMENT PROGRAM LEVELS

Level	Purpose	Investment Threshold	Incentive Amount	Application Fee
Level A (1)	To attract sizable investments (market shifting)	$1,000,000 minimum – Requires "But for" economic analysis, paid by the applicant	10 years 100% abatement + 15 years at 100% abatement	$750
Level A (2)	To attract sizable investments (market shifting)	$750,000 Minimum	10 years 100% abatement + 15 years at 75% abatement	$750
Level B	To attract mid-market investments (market stimulating)	$100,000 - $749,000	10 years 100% abatement + 15 years at 50% abatement	$750
Level C	To attract market stabilizing investments (market stabilization)	$5,000 - $99,000	Equal to cost of improvements or 100% abatement for 10 years, whichever occurs first	$250