

# 169249 - Test1

## Application Details

Funding Opportunity: 169245-Main Street Iowa Challenge Grant  
Funding Opportunity Due Date: Aug 27, 2025 4:00 PM  
Program Area: Downtown Resource Center  
Status: Submitted  
Stage: Final Application

Initial Submit Date:  
Initially Submitted By:  
Last Submit Date:  
Last Submitted By:

## Contact Information

### Primary Contact Information

Active User\*: Yes  
Type: Internal Staff  
First Name\*: Don Middle Name Dursky  
First Name Last Name  
Title:  
Email\*: don.dursky@iowaEDA.com  
Address\*: 1963 Bell Ave., Suite 200  
  
Des Moines Iowa 50315  
City State/Province Postal Code/Zip  
Phone\*: (515) 348-6210 Ext. Phone  
###-###-####  
Fax: ###-###-####  
Agency: Economic Development, Iowa Department of

### Organization Information

Status\*: Approved  
Name\*: Iowa Economic Development Authority  
Organization Type\*: State Government  
DUNS: ##-###-####  
Tax Id:  
Unique Entity Identifier (UEI):

Organization Website: <http://www.iowaEconomicDevelopment.com>

Address\*: 1963 Bell Ave., Suite 200

Des Moines Iowa 50315  
City State/Province Postal Code/Zip

Phone\*: (515) 348-6200 Ext.  
### ### #####

Fax: ### ### #####

Benefactor:

Vendor Number / ID:

## Cover Sheet-General Information

### Cover Sheet-General Information

#### Authorized Official

Name\*:

Title\*:

Organization\*: If you are an individual, please provide your First and Last Name.

Address\*:

City/State/Zip\*: City Iowa Zip  
State

Telephone Number\*:

E-Mail\*:

Enter your business website URL (must include "https://").

Website\*:

#### Fiscal Officer/Agent

Please enter the "Fiscal Officer" for your Organization.

If you are an individual, please provide your First and Last Name.

Name\*:

Title\*:

Organization:

Address:

City/State/Zip: City Iowa Zip  
State

Telephone Number\*:

E-Mail\*:

County(ies) Participating, Involved, or  
Affected by this Proposal\*: Decatur County

To find your district, click on the "Congressional Map" link. On the left hand side of the page, click on the drop-down list and click on "State of Iowa". Then, enter an address for the county/ies you serve in the Search bar. Click "Enter." This will provide you with your Congressional District, Iowa Senate District and Iowa House District.

|  |  |
|--|--|
| <b>Congressional District(s) Involved or Affected by this Proposal*:</b> | 2nd - Rep Ashley Hinson<br><a href="#">Congressional Map</a> |
| <b>Iowa Senate District(s) Involved or Affected by this Proposal*:</b>   | 38<br><a href="#">Iowa Senate Map</a>                        |
| <b>Iowa House District(s) Involved or Affected by this Proposal*:</b>    | 45<br><a href="#">Iowa House Map</a>                         |

## Main Data

### *Main Street Iowa*

#### Main Street Program:

Address1:

Address2:

City/County/Zip:  City  County  Zip

Project Name:

Is the project within the designated Main Street District?: The project is not eligible if not located within the Main Street District

#### Indicate the appropriate award category for your project (check all that apply):

|  |     |
|--|-----|
| Facade/Exterior Improvement:                           | Yes |
| First Floor Commercial Interior:                       | Yes |
| First Floor Residential (non-storefront) Interior:     | Yes |
| Upper Floor(s) Residential, Upper Floor(s) Commercial: | Yes |
| Single Phase of Large Rehabilitation :                 | Yes |
| Multiple Property Rehabilitation:                      | Yes |
| Other - Contact Grant Manager for eligibility:         | Yes |

## Project Information

|  |   |
|--|---|
| Number of new residential units created:       | 0 |
| Number of existing residential units improved: | 0 |
| Number of new businesses created:              | 0 |
| Number of existing businesses expanded:        | 0 |

## Executive Summary

This summary will be used in the contract and for general marketing and promotion of the project.

The criteria listed in the Main Street Iowa Challenge Grant Scoring Criteria document are a general overview of the scoring criteria used to evaluate applications for the Main Street Iowa Challenge Grant program. The criteria are not all inclusive, but rather a general set of questions that can provide a clearer direction to the applicants.

Required attachments are not scored individually. However, they do provide additional, critical information to help answer individual questions in the application. For instance, photos will help clarify the existing condition of the building as well as its architectural character and significance. Plans, renderings, and cost estimates are vital in helping to clarify the scope of the work to be performed.

The Budget Form is part of the grant application and **MUST** be completed. Additional proforma or other financial analyses can be included in the financial commitments attachment but will **NOT** be considered a substitute for the required budget form.

The scoring guidelines can be downloaded [here](#).

**Executive Summary**  
**(500 characters max.):**

This summary will be used in the contract and for general marketing and promotion of the project.  
Describe what economic development will occur as a direct result of the project, e.g. describe new businesses created or expanded, any new jobs created, and type of housing created, as applicable. Identify how the project meets a documented local market need. Describe its visual impact to the area. Describe how the completed project will be shared and how it will serve as a "best practice" model. Identify any local ordinances in place which will help protect the project investment.

**Describe the economic impact of the project**  
**(2,500 characters maximum):**

Prepare a detailed description of the building identified for rehabilitation. Provide an overview of the building's history and its significance within the district. Describe the building's current use and physical condition, noting any significant architectural features.

**Describe the existing building**  
**(2,500 characters maximum):**

Describe the scope of work to be completed within the grant period. If part of a larger phased project, call out what will be done as part of the grant and explain what the result will be like when the entire building is complete. Explain the appropriateness of the work and any historic preservation standards to be followed to complete the project. Explain how hazardous materials and project waste will be handled.

**Describe the proposed building improvement**  
**(2,500 characters maximum):**

Summarize the project budget and explain where the cost estimates came from (developer/architect estimates, contractor quotes/bids). Describe how unforeseen conditions are considered in the budget (contingency). Explain the intended use of grant funds. Clarify status of local match sources (including in-kind match, local incentive programs, and personal financing). Describe and quantify in-kind work if included in the project. Explain what financial analysis has been completed to justify the project. Explain why this grant is impactful for a successful project. Identify project partners and their responsibilities.

**Describe the project's funding, budget, and partnerships**  
**(2,500 characters maximum):**

## Property/Building Information

### *Building Information*

|   |             |
|---|-------------|
| <b>Building Name*:</b>  | <b>Test</b> |
| Has a MSI Challenge Grant application been previously submitted for this property?: |             |

## Grant Beneficiary Information

**Property Owner/Developer:**

**Address:**

|                        |                     |
|------------------------|---------------------|
| <b>City/State/Zip:</b> | City State Zip Code |
|------------------------|---------------------|

|                           |                                    |
|---------------------------|------------------------------------|
| <b>Telephone Numbers:</b> | Business Phone # Cell Phone # Fax# |
|---------------------------|------------------------------------|

**E-mail Address:**

**Provide background on the beneficiary. Be sure to include community involvement, involvement/knowledge of the local Main Street program, length of time in the community, etc.**  
**(1,000 characters max.):**

---

## Building Information

Building/Site Address:

Assessed value of building: \$0.00

Year Built:

If vacant, how long:

Current Use: First Floor Upper Floor(s)

# of Existing Residential Units (if applicable):: Occupied vacant

Proposed Use: First Floor Upper Floor(s)

Number of existing residential units improved::

Proposed Start Date:

Projected Completion Date: Not more than 24 months from date of award notification

Project architect:

Note: If a property is listed or deemed eligible for the National Register of Historic Places or part of a National Register District, the [Secretary of Interior?s Standards for Rehabilitation](#) must be followed.

Listed or eligible for listing in the National Register of Historic Places:

Does the project intend to utilize Historic Tax Credits?:

Does the local community have a design review process?:

IF ANY federal funds are used for the rehabilitation of the building simultaneously with the Challenge grant ALL federal requirements will apply. (i.e. Davis Bacon wages, environmental review, etc.)

Will the project be part of a CDBG Downtown Revitalization Grant?:

Will the project receive any other federal funding?:

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## Property Specific Required Attachments

County/City Assessor?s property card.: [IAGrants\\_Test\\_New.pdf](#)

Cost estimates for all proposed construction work.: Detailed cost estimates with project bids are encouraged but not required. Combine all documents into one file.

Project concept drawings, schematics, or plans: Combine all documents into one file

Photograph(s) of the building and/or proposed site as it currently appears.: Combine all photos into one file

Photos showing the building?s relationship to nearby buildings in the district.:

This/these photos will depict the block and/or intersection in which the building sits and will show the potential impact of the project on that immediate area.

Historic photographs of the property/project as available : Combine all photos into one file

Signed Letter of Intent to Participate by each property/project owner(s) indicated as a grant beneficiary:

[Download template](#)

**Building Name\*:**

Has a MSI Challenge Grant application been previously submitted for this property?:

No

## Grant Beneficiary Information

Property Owner/Developer:

Address:

City/State/Zip:

City State Zip Code

Telephone Numbers:

Business Phone # Cell Phone # Fax#

E-mail Address:

Provide background on the beneficiary. Be sure to include community involvement, involvement/knowledge of the local Main Street program, length of time in the community, etc.  
(1,000 characters max.):

## Building Information

Building/Site Address:

Assessed value of building:

\$0.00

Year Built:

1900

If vacant, how long:

1

Current Use:

Write in Write in  
First Floor Upper Floor(s)

# of Existing Residential Units (if applicable):

1 1  
Occupied vacant

Proposed Use:

Write in Write in  
First Floor Upper Floor(s)

Number of existing residential units improved::

1

Proposed Start Date:

12/01/2024

Projected Completion Date:

08/01/2025

Not more than 24 months from date of award notification

Project architect:

Note: If a property is listed or deemed eligible for the National Register of Historic Places or part of a National Register District, the [Secretary of Interior's Standards for Rehabilitation](#) must be followed.

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Has a MSI Challenge Grant application been previously submitted for this property?:

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## Grant Beneficiary Information

Property Owner/Developer:

Address:

City/State/Zip:

City State Zip Code

Telephone Numbers:

Business Phone # Cell Phone # Fax#

E-mail Address:

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(1,000 characters max.):

---

## Building Information

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**Year Built:**

**If vacant, how long:**

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**# of Existing Residential Units (if applicable)::** Occupied vacant

**Proposed Use:** First Floor Upper Floor(s)

**Number of existing residential units improved::**

**Proposed Start Date:**

**Projected Completion Date:** Not more than 24 months from date of award notification

**Project architect:**

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**Does the local community have a design review process?:**

**IF ANY federal funds are used for the rehabilitation of the building simultaneously with the Challenge grant ALL federal requirements will apply. (i.e. Davis Bacon wages, environmental review, etc.)**

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**Will the project receive any other federal funding?:**

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**Building Name\*:**



Has a MSI Challenge Grant application been previously submitted for this property?:

---

## Grant Beneficiary Information

Property Owner/Developer:

Address:

City/State/Zip:

City State Zip Code

Telephone Numbers:

Business Phone # Cell Phone # Fax#

E-mail Address:

Provide background on the beneficiary. Be sure to include community involvement, involvement/knowledge of the local Main Street program, length of time in the community, etc.  
(1,000 characters max.):

---

## Building Information

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Budget

Budget

|                                     |        |
|-------------------------------------|--------|
| MSI Challenge Grant Request Amount: | \$0.00 |
| Cash Match:                         | \$0.00 |
| Total Project Cost:                 | \$0.00 |

Sources

| Source of Funds            | Amount | Form Of Funds | Commitment Status | Conditions/Additional Information |
|----------------------------|--------|---------------|-------------------|-----------------------------------|
| MSI Challenge Grant        | \$0.00 |               |                   |                                   |
| State/Federal Funds        | \$0.00 |               |                   |                                   |
| Local Incentives           | \$0.00 |               |                   |                                   |
| Private Equity Investment  | \$0.00 |               |                   |                                   |
| Private Loans              | \$0.00 |               |                   |                                   |
| Other Amount (Applied for) | \$0.00 |               |                   |                                   |
| Other Amount (Secured)     | \$0.00 |               |                   |                                   |
| Total                      | \$0.00 |               |                   |                                   |

Uses of Funds

| Uses                             | Cost (labor & materials) |
|----------------------------------|--------------------------|
| Construction - Exterior Envelope | \$0.00                   |
| Construction - Windows/Doors     | \$0.00                   |
| Construction - Roofing           | \$0.00                   |
| Construction - HVAC              | \$0.00                   |
| Construction - Plumbing          | \$0.00                   |

|   |               |
|---|---------------|
| Construction - Electrical   | \$0.00        |
| Construction - Insulation   | \$0.00        |
| Construction - General Carpentry  | \$0.00        |
| Construction - Finishes (paint, carpet, fixtures, etc.)                       | \$0.00        |
| <b>Construction Subtotal</b>  | <b>\$0.00</b> |
| Site Preparation (staging, demo/clean-up, asbestos, etc.)                     | \$0.00        |
| Professional Services (architect, engineer, historic preservation consultant) | \$0.00        |
| Fees & Permits (mortar test, Iowa tax credits application, bldg permit, etc.) | \$0.00        |
| Other   | \$0.00        |
| Contingencies   | \$0.00        |
| <b>TOTAL BUDGET</b>   | <b>\$0.00</b> |

### Tax Benefits

| Source of Funds                         | Amount        | Description |
|---|---------------|-------------|
| Workforce Housing Tax Incentive Program | \$0.00        |             |
| Federal Historic Tax Credit             | \$0.00        |             |
| State Historic Tax Credit               | \$0.00        |             |
| Tax Increment Financing (Rebate)        | \$0.00        |             |
| Tax Increment Financing (Grant)         | \$0.00        |             |
| New Markets Tax Credit                  | \$0.00        |             |
| Other                                   | \$0.00        |             |
| <i>Total</i>                            | <b>\$0.00</b> |             |

## Additional Project Documents

| Named Attachment | Required | Description | File Name | Type | Size | Upload Date |
|------------------|----------|-------------|-----------|------|------|-------------|
|------------------|----------|-------------|-----------|------|------|-------------|

Project and Applicant Assurances  
 Project and Applicant Assurance template

City Letter of Support  
 Download template here.

Other Letters of Support (if applicable)

### Budget Documents

Financing/loan commitment letters/pro formas  
 If multiple, scan into one document and upload

Grant award letters pertaining to the project  
 If multiple, scan into one document and upload

Map of designated Main Street district with location of projects marked AND location where project exterior photos were taken.

List and description of any additional contractual liabilities pertaining to this grant proposal and other than those appearing on the Project Development cost form.

Green Streets Best Practices Checklist to be distributed to appropriate subcontractors  
 Electrical Contractor - Download the Template.

[HVAC Contractor - Download the Template.](#)  
[Plumbing Contractor - Download the Template.](#)  
[Site Engineer - Download the Template.](#)

# Minority Impact Statement

## Minority Impact Statement

### Question # 1

1. The proposed grant programs or policies could have a disproportionate or unique **POSITIVE IMPACT** on minority persons. \*:

If YES, describe the positive impact expected from this project:

Indicate the group(s) positively impacted. :

### Question # 2

2. The proposed grant project programs or policies could have a disproportionate or unique **NEGATIVE IMPACT** on minority persons. \*:

If YES, describe the negative impact expected from this project.:

If YES, present the rationale for the existence of the proposed program or policy.:

If YES, provide evidence of consultation with representatives of the minority groups impacted. :

Indicate the group(s) negatively impacted. :

### Question # 3

3. The proposed grant project programs or policies are **NOT EXPECTED TO HAVE A DISPROPORTIONATE OR UNIQUE IMPACT** on minority persons. \*:

If YES, present the rationale for determining no impact.:

### Certification

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge.\*:

Name of Person Submitting Certification. \*:

Title of Person Submitting Certification\*:



This is the replacement document and should be the only one included in the pdf.