2010 INDY/LISC
NEIGHBORHOOD BROWNFIELD INITIATIVE
Sponsored through the public/private partnership of the following:
City of Indianapolis DMD Brownfield Redevelopment Program
Local Initiatives Support Corporation (LISC)
U.S. Dept. of Housing and Urban Development (HUD)

APPLICATION INFORMATION SHEET

Application Due Date: Applications accepted on a rolling basis starting on 1st January, 2010
- Eight (8) copies or an electronic file of completed application must be delivered to Chris Harrell at the City County Building, Office 2042 or received by email at charrell@indygov.org

Maximum Grant Award: $10,000 (requires a Dollar for Dollar match)
- Match may be provided by applicant, through LISC by a separate agreement, a CDC, or another private entity.
- Maximum Award of $10,000 may be increased if necessity for greater amount is established in additional explanation memo attached to application.

Eligible Entities: Not-For-Profit Organizations [Grant]

Eligible Activities: Environmental Assessment & Remediation Activities
- When ranking applications, projects with an identified end re-use with direct public benefit will be given special consideration.

Questions or concerns with this application may be directed by email to Chris Harrell, Brownfield Redevelopment Coordinator for the City of Indianapolis at: charrell@indygov.org
2010 INDIY/LISC NEIGHBORHOOD BROWNFIELD INITIATIVE
Sponsored through the partnership of:
The City of Indianapolis, LISC, and HUD

Eight (8) copies or an electronic file of the completed applications must be submitted to the Brownfields Redevelopment Coordinator. If emailing the completed application please attach the file to an email addressed to: charrell@indy.gov Or, if submitting the application in paper form please deliver to Room 2042 on the 20th Floor of the City County Building at 200 East Washington Street, Indianapolis IN 46204. All applications will be reviewed in order of receipt until funds are exhausted.

Date Received: ____________________________________________
(To be stamped when received by City staff)

The Review Board will not discriminate against any applicant on the basis of race, color, sex, disability, sexual orientation, religion, age, national origin, or ancestry.

PROJECT SPONSOR INFORMATION

Project Sponsor’s Name: ________________________________

Project Title: _________________________________________

Sponsor Address (mailing and office if different):
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

_________________________________________________
Please Check One:     For-Profit____  Not-For-Profit____
Federal ID #:                        ________________________________
Contact Person: ________________________________
Phone: __________________
Title: __________________
Fax: __________________
Email: __________________
Funding Request:$_________________ Grant (For not-for-profit entities only)
  $_________________ Loan
  $_________________ Grant & Loan

I. GENERAL INFORMATION:

1. BROWNFIELD SITE INFORMATION:

Name: ______________________________________________________
Address: ____________________________________________________
Township: __________________________________________________
Legal Description of Property:___________________________________
                                                                 __________
  _____________________________________________________________
  _____________________________________________________________
Current Zoning: ______________________________________________
Zoned appropriately? Yes____ No____
If no, please explain:
                                                                 _____________________________________________________________
Are the property taxes current? Yes____ No____
If yes, please attach confirming documentation.
If no, please explain:

________________________________________________________________
________________________________________________________________
________________________________________________________________

2. **OWNER INFORMATION** (if different from above):  
Name: ______________________________________________________
Address: ____________________________________________________
City: _______________________________________________________
State: _________________    Zip: ________________________________
Phone:_________________________   Fax:________________________

***If applicant is not the owner, please attach letter of consent to site assessment from owner (or trustee if in bankruptcy). A Right of Entry Form may be requested from Indianapolis Brownfield Redevelopment Program. *Pursuant to Ind. Code 12-19-5

3. **END USE**  
Please describe the intended re-use of this property including a timeline for activities, benchmarks and letters of commitment.

4. **HISTORY**  
Provide a brief history of the site, including past uses, past owners, or occupants, and any efforts to redevelop the site.

5. **BUDGET**  
Please attach a project uses budget. Please provide a financial source list and letters of commitment from each source.

6. **ENVIRONMENTAL CONSULTANT INFORMATION:**  
Name: _____________________________________________________
Address: ___________________________________________________
City: _______________________________________________________
State: ____________________________ Zip: ______________________

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***Per City of Indianapolis HUD Action Plan Guidelines, applicants for subgrants must demonstrate competitive bidding has occurred for the professional environmental services to be conducted with this grant if received. Any grant over $2000 shall require demonstration of at least three proposal responses to a RFP for the intended project. The Brownfield Redevelopment Coordinator can provide Technical Assistance to draft and advise on how to solicit an RFP for the intended project.

7. **ASSESSMENT AND/OR REMEDIATION WORK PLAN**
   Attach the proposed assessment and/or remediation work plan. Please be detailed in describing work plans and itemized costs associated with each process.

8. **LOCAL SUPPORT**
   Please attach minutes from public meetings, letters of support, and area development/redevelopment plans. Please provide documentation detailing your response to any negative comments concerning your project. Please attach a list of partners for this project.

II. **COMMUNITY IMPACT**

   Discuss the impact this project will have on the community, including economic development and educational, recreational and housing needs. Discuss the marketability of the site, potential increased tax revenues to the applicant, potential job creation, previous efforts to redevelop the site, and any other relevant information about the project.

   *PLEASE LIMIT RESPONSE TO THIS QUESTION TO TWO TYPED PAGES.*

III. **ECONOMIC FACTORS**

   Briefly describe any relevant economic factors about the area in which the project is located, including census tract information. Please note if it is in an Urban Enterprise Zone, an Industrial Recovery Site (a “Dinosaur” Building), a federally designated Enterprise Zone or Community, a Brownfield Revitalization Zone, or any other specially designated area.

   *PLEASE LIMIT RESPONSE TO THIS QUESTION TO TWO TYPED PAGES.*
IV. PAST ENVIRONMENTAL ASSESSMENTS

Have any site characterizations or assessments been performed on this property before? If so, please attach copies of these assessments and briefly explain the findings of the assessments.

PLEASE LIMIT RESPONSE TO THIS QUESTION TO TWO TYPED PAGES.

V. EXPERIENCE

Please detail your experience using federal and state grant and/or loan funds.

PLEASE LIMIT RESPONSE TO THIS QUESTION TO TWO TYPED PAGES.
The applicant certifies under penalty of perjury that the information provided in this application is true and correct to the best of her/his knowledge and belief.

Name of Applicant/Organization

By: ______________________________________________________________
(Person authorized to sign on behalf of the Applicant/Organization)
Title: ____________________________________________________________
Date: __________________________________________________________________

Return this completed application to:

ATTN: Chris Harrell, Brownfield Redevelopment Coordinator
charrell@indy.gov

or, by post:

City of Indianapolis
Department of Metropolitan Development
Community Economic Development Division
ATTN: Chris Harrell, Brownfield Redevelopment Coordinator
2042 City-County Building
200 East Washington Street
Indianapolis, IN  46204-3328