



City of  
**Indianapolis**  
Gregory A. Ballard, Mayor



## **2008 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)**

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### **APPLICATION INFORMATION SHEET**

**Application Due Date:** Applications accepted on a rolling basis starting on 1<sup>st</sup> January, 2008

- 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](mailto: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.

**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.

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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](mailto:charrell@indygov.org)



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## 2008 INDY/LISC NEIGHBORHOOD BROWNFIELD INITIATIVE

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**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@indygov.org](mailto:charrell@indygov.org) Or, if submitting the application in paper form please deliver to Room 2042 on the 20<sup>th</sup> 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: \_\_\_\_\_



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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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**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: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**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.



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## **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.*



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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:**

**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**