

2022 Manchester ARC Downtown Improvement Grant Schedule
Round 2

Façade Grant Program		
Activity	Time Period	Responsible Party
Applications Available at City Hall & Online	June 7, 2023	Manchester / SCTDD
Public Meeting – Façade Grant Orientation	June 21, 2023 at 10 a.m. City Hall	Manchester / SCTDD
Application Deadline	July 21, 2023 by 4:30 p.m.	Business Owners / Building Owners
Application Review/Scoring	July 27, 2023 at 10 a.m.	Manchester /Review Committee /SCTDD
Notification of Award – Contingent upon Historic Zoning Commission & Environmental Review Approval	July 28, 2023	Manchester / SCTDD
Historic Zoning Commission Review	August 3, 2023 at 5 p.m. City Hall	Manchester
Environmental Review – Specific to each Building	August-September 2023	SCTDD
Notification of Clearance	October 2, 2023	Manchester/ SCTDD
Pre Construction Meeting	October 5, 2023 at 11:30 a.m. City Hall	Manchester / SCTDD /Building Owners/Business Owners/ Contractors
Notice to Proceed	October 12, 2023	Manchester/SCTDD
Construction & Improvements	October 12, 2023 thru April 12, 2024	Business Owners/Building Owners (Monthly Reports on Progress of Projects- the 15 th of every month)
Completion of Projects (on/before)	April 12, 2024	Manchester/SCTDD



City of Manchester, Tennessee

Appalachian Regional Commission (ARC) Façade Improvement Grant Program
Application & Historic Zoning Commission Application- ROUND 2

Projects must be completed by April 12, 2024

Applicant & Property Information

Applicant Name: _____

Name of Business: _____

Property Tax Map Number: _____ Group: _____ Parcel: _____ Year Built: _____

Street Address where work will be performed (must be within Manchester Historic Zone in attached map)

Mailing Address (if different from street address)

Telephone: _____ Email: _____

Property Owner (if different from applicant): _____

Owner Mailing Address: _____

Telephone: _____ Email: _____

**If the Applicant is different from the Property Owner, a letter from the owner expressing approval of the proposed project is required as well as the commitment of who will be providing the matching funds.

Project Information

1. Type of Improvements Proposed (Check ALL that apply)

- Repainting___ Paint Removal ___ Façade___ Windows___
Doors___ Exterior Lighting___ Awnings___ Signage___
Cleaning/Repainting___ Brick Repair___ Other(specify)_____

2. Will the project address existing façade deterioration? (Circle one) YES or NO
If so, please explain the existing condition(s) and proposed method of correction.

3. Will the project preserve any exterior historical architectural elements or restore architectural elements once removed? (Circle one) YES or NO
If so, please describe how(including preservation methods utilized):

4. Improvement Costs - *The max grant request cannot exceed \$10,000.00.*

Total Cost	Requested Grant Funds (50 %)	Owner Match (50%)
\$	\$	\$

5. Other Comments:

Required Attachments

- 1- Proof of Owner Permission for Project Attached (if applicable)
2. Color Photo(s) of Existing Building Façade(s) Attached (jpegs preferable)
3. Building Elevation or Renderings Attached
4. Color Samples and Product Specifications Attached
5. Cost Estimates Attached with Contract Quote Tab Form

Statement of Understanding

- I (We), as applicant/owner of record make this application to the Appalachian Regional Commission (ARC) Facade Improvement Grant Program for matching grant funds to be used for exterior improvements to the building listed on this application.
- I understand that participation in the program requires me to follow program guidelines that govern improvements made under the program including those improvements made with my portion of the project cost.
- I am willing to comply with the program guidelines, timelines and execute required materials.
- I understand that the guidelines are in addition to, and do not supplant, local, state and federal regulations.
- I further declare that I understand that this is a reimbursable grant program, meaning that successful applicants must undertake and incur the costs for grant funded projects prior to receiving actual grant funds and that all work must be completed and consistent with the approved scope of work prior to reimbursement and be an active participant in the program process from beginning to end.
- I am prepared to meet Davis Bacon compliance if the total costs exceed \$2,000.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

If you have any questions, please contact the grant administrator, Sarah Elizabeth McLeod at the South Central Tennessee Development District, (931) 379-2944 or smcleod@sctdd.org

For Office Use Only

Application Number: _____ Date Received: _____

Application Score: _____

Date of Approval of Application Granted/Denied: _____

Application Approved in the amount of \$ _____

Notification of Award Date: _____

Attended Pre-Construction Meeting YES OR NO

Date of Project Completion: _____ Date of Inspection: _____

Reimbursement Paid:\$ _____ Date Paid:\$ _____

Notes: _____

Contractor Quote Tab

Applicant Name: _____

Building Address: _____

- Additional copies of this page can be made and included in your application package.
- Please include copies of Quotes from the Contractors.

EXAMPLE - Item: AWNING with frame and canvas with lettering (EXACT DETAIL OF PROJECT)	
Contractor #1 Awnings-R-US	Quote Amount \$ 4,000.00
Contractor#2 AWNINGS, INC	Quote Amount \$ 5,000.00
Contractor#3 AWNING2DAY	Quote Amount \$6,500.00

Item	
Contractor #1	Quote Amount \$
Contractor#2	Quote Amount \$
Contractor#3	Quote Amount \$

Item	
Contractor #1	Quote Amount \$
Contractor#2	Quote Amount \$
Contractor#3	Quote Amount \$

Item	
Contractor #1	Quote Amount \$
Contractor#2	Quote Amount \$
Contractor#3	Quote Amount \$

FOR OFFICE USE ONLY

Scoring & Eligibility Worksheet

Applicant Name: _____ Building Address: _____ Total Amount Requested: _____ Total Amount Awarded: _____ Grant Reimbursement: _____	Historic Zoning Commission Application Submitted: _____ COA (Certificate of Appropriateness) Approved: _____ Misc HZC Notes: _____
<u>Completed Application</u> -Total Possible Points 10	
<u>Amount of funds leveraged</u> - Will the project substantially leverage more property investments than the required matching amount of the grant? Total Possible Points 10	
<u>Condition of the Building</u> —Total Possible Points 10 <input type="checkbox"/> 0-5 Points (Needs Some Improvement) <input type="checkbox"/> 5-10 Points (Needs Major Improvements)	
<u>Impact of Improvements</u> – Will this grant result in an improvement that would not be made otherwise? / Will the project improve the entire building frontage on the street? / Will this project eliminate/correct previous remodeling which has covered up original architectural features? Total Possible Points 10	
<u>Timeframe</u> – Can the project be completed in the allotted time that is required by the grant? Total Possible Points 10	
<u>Eligible Improvements</u> – Does the project comply with the eligible improvements? Total Possible Points 10	
TOTAL POINTS	



Manchester Historic Zoning Commission
APPLICATION FOR CERTIFICATE OF APPROVAL

Name of Owner _____ Phone _____

Address _____

Location of Property (Address, Lot & Parcel No) where work is to be performed _____

Age of Structure _____

Listed on National Register? Yes No

Current use _____

Description of Work: See Page 3 of this application for additional information to be submitted with application.
All information submitted will be retained by the Manchester Historic Zoning Commission.

New Construction Demolition Exterior Alteration or Repair

(Check all items below that apply)

- | | |
|---|---|
| <input type="checkbox"/> Architecture features (decorative ornamentation) | <input type="checkbox"/> Material changes (wood, brick, metal) |
| <input type="checkbox"/> Awnings or Canopy | <input type="checkbox"/> Retaining walls |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Roofing (any alterations) |
| <input type="checkbox"/> Door | <input type="checkbox"/> Shutters |
| <input type="checkbox"/> Façade (elements or materials) | <input type="checkbox"/> Sidewalks |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Siding (any alteration or addition) |
| <input type="checkbox"/> Guttering | <input type="checkbox"/> Signs (size _____) |
| <input type="checkbox"/> Light Fixture | Lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Paint | <input type="checkbox"/> Windows and frames |
| <input type="checkbox"/> Parking Lots (paving, landscaping) | <input type="checkbox"/> Other (if not listed above) |
| <input type="checkbox"/> Porch (columns, flooring, trim, etc.) | _____ |

ARCHITECT _____ Phone No. _____

Address _____

CONTRACTOR _____ Phone No. _____

Address _____

Who will represent the owner before the Historic Zoning Commission? (Representative should have the authority to commit owner to make changes that may be suggested or required by the Historic Zoning Commission. **Someone must be present at the meeting to answer questions.**)

_____ Phone No. _____

Relationship to Owner: Lessee Contractor Architect Other (explain) _____

Address _____

I have read and understand the information provided on pages 2 and 3 of this application concerning the **Certification of Appropriateness** application process.

_____ Date: _____

(Signature of Applicant)

TO BE COMPLETED BY STAFF

Application Received by _____ Date _____
Health & Codes Department

Scheduled for Historic Zoning Commission Meeting on _____ date.

Copies of application furnished to commission members _____ by _____
(date)

(Commission Secretary)

During the Historic Zoning Commission meeting, changes by the applicant to the original application and accompanied by plans, drawings, photographs, and notes:

Signature of owner/agent _____ Date _____

ACTION TAKEN:

- (1) _____ Application approved
- (2) _____ Application disapproved
- (3) _____ Application approved with the following conditions:

I hereby agree to the conditions above. _____ (Initials of Applicant or Agent)

- (4) _____ Application tabled pending further information listed below:

CERTIFICATE OF APPROVAL

Date issued _____ Signature of Commission Chairman _____

Expiration date _____

Mailed () or Delivered () to Applicant _____ by _____
(date) (Signature)

(29 July 2016)

INFORMATION TO BE SUBMITTED WITH YOUR APPLICATION (Attach the following information for each category of work proposed)

Exterior Alterations or Repairs

List and describe in detail all work to be done for each item checked on the front page of the application. Include the following materials when appropriate:

- Include sketches, photographs, specifications, manufacturer's illustrations or other descriptions of proposed changes to the building's exterior. Major alterations to architectural features require detailed drawing plans.
- Provide **photos** and descriptions of existing original materials. Also include **photos**, descriptions and dimensions of proposed work (samples of new materials may be requested).

New Construction

Describe the nature of the proposed project. Include the following materials when appropriate:

- Site plan with measured distances (include landscaping).
- Elevation drawings at ¼ inch scale of each affected façade and specification which clearly show the exterior appearance of the project.
- Samples or other description of materials to be used.
- Drawing or other description of site improvements such as fences, sidewalks, lighting, pavement, decks, etc.
- **Photos** of proposed site and adjacent properties.

Demolition of Structures

- Describe the structure's condition, historical significance and reason for demolition (include **photos** of structure).
- Describe the proposed reuse of the site including information required for the new construction of a structure.
- Any applicant denied a Certificate of Approval seeking to demolish a landmark or contributing structure can apply for a Certificate of Economic Hardship within (30) days after the review of the application. For more information, contact the City of Manchester Health & Codes Department.

Public Hearings

- The Historic Zoning Commission shall hold a regular public hearing at ⁵ ~~5~~ p.m. in City Hall Board Room on the first Thursday of each month and shall be in accordance with the provisions of the "Sunshine Law."
- **Deadlines: Application must be completed and submitted to the Manchester Health & Codes Department by 12:00 p.m. (noon) ten days prior to the meeting.**
- **The owner or representative must attend the hearing.** (Representatives must be documented on the application.) If there is no one to present the application, it **will not** be considered for a Certificate of

Approval. Applicants will need to contact the Health & Codes Department in order for the application to be reviewed at the next meeting of the Historic Zoning Commission.

- Each applicant will have five minutes to present the proposed work to the Historic Zoning Commission. It should be concise and to the point.
- **Certificate of Notification**: A letter will be sent to notify the owner (and/or representative) of the date, time and place of the hearing. Public notifications will be posted in the local newspaper, the Manchester Times.
- **Certificate of Final Decision**: A letter with an attached signed application will notify each applicant of the Historic Zoning Commission's final decision for a Certificate of Approval.
- **Appeals Process for Historic Zoning Commission**: Anyone who may be aggrieved by any final order or judgment of the Historic zoning commission may have such order reviewed by the Judicial Circuit Court. Such party shall, within (60) days for the entry of order, file a petition with the Circuit Court.

Please Note:

Prior to any installation of signage or construction on a structure, a building or sign permit will need to be obtained from the Manchester Health & Codes Department. Failure to obtain the proper permit will result in delay of project and additional permit fees.

There will be two (2) inspections prior to final completion of the Certificate of Approval, one near midway of the project and the other at completion of the project. Please allow up to (2) working days' notice for these inspections. You may call (931) 728-4652 to schedule an inspection. Upon satisfactorily completing the project according to the application, the owner will receive a copy of the Historical Zoning Commission approved Certificate of Approval in the mail.

COA Expiration - If the requested changes are not completed within six months after approval by the Historic Zoning Commission, the application must be resubmitted.

SUBMIT APPLICATION:

Please complete these forms and submit them **AT LEAST TEN (10) WORKING DAYS PRIOR** to the regularly scheduled meeting of the Historic Zoning Commission.

Historic Zoning Commission
Manchester Health and Codes Department
City Hall – 200 W. Fort Street
Manchester TN 37355

(931) 728-4652
Fax: (931) 728-8273