

Please email application and attachments to corearea@bendoregon.gov

CORE AREA DEVELOPMENT ASSISTANCE PROGRAM APPLICATION

Only Permitted Land Uses identified in Bend Development Code are eligible for grants, unless other terms apply. Note that some uses may not be Permitted in all Zoning Districts, and this form may not reflect those unique instances. Refer to <u>Title 2 of the Bend Development Code</u> for additional information or contact <u>corearea@bendoregon.gov</u> with questions.

1)	Applicant Name:
2)	Applicant Mailing Address:
3)	Primary Contact Name:
4)	Primary Contact Phone Number:
5)	Primary Contact Email Address:
6)	Project Name:
7)	Project Address:
8)	Project Description
	Note: Provide a brief project description including number of residential units and commercial square
	footage; total existing, new, renovated square footage planned; number of building stories, etc.

9)	Construction Type:		
		New Construction, Undeveloped Site	
		New Construction, Demolition of Existing Structures	

	Renovation/Rehabilitation of Existing Structures
	Addition to Existing Structures
	Other:
10) Amoun	t of funds requested:
11) Intende	ed use of funds:
12) Does ye	our project meet the definition of a Public Building per ORS 457.010(12)?
	Yes
	No
	oject funds be used to overcome a specific challenge of the site or project? If so, please
describ	e now.
	Yes
	No
costs as team m	need will be evaluated based on both on & offsite cost information provided by the applicant for sociated with anything above and beyond minimum or standard site development. The scoring ay also evaluate other funding sources the applicant is using to fund the project (ie. additional financial assistance programs) to evaluate need.

14) Provide a description of any design details that will provide community benefits.

Examples include energy efficiency/green building features; improvements that benefit people walking, biking, rolling, and/or using transit; active ground floor uses; and/or open space/plazas.

15) Will residential units be for sale or for rent?	
☐ Sale	
☐ Rent	
☐ Both/Other. If so, please describe rental or sale composition:	
16) Estimated total number of residential units:	
☐ Studio:	
☐ 1-bedroom:	
☐ 2-bedroom:	
☐ 3-bedroom:	
☐ 4-bedroom:	
□ Total:	
17) Will the project include any of the following:	
☐ Affordable Housing units (up to 80% Area Median Income).	

0	If yes, for what length of Affordability (in years):
0	Studio:
0	1-bed:
0	2-bed:
0	3-bed:
0	4-bed:
0	Total:
Middle	e Income Housing units (120% Area Median Income)
0	If yes, for what length of Affordability (in years):
0	Studio:
0	1-bed:
0	2-bed:
0	3-bed:
0	4-bed:
0	Total:
Transi	tional housing (ie, shelters and housing that serves as intermediary step
betwe	en emergency shelter and permanent housing)
0	If yes, please describe number of estimated beds or capacity:
0	If yes, please describe type of housing that will be provided (congregate,
	wrap around services, permanent supportive housing, etc):
If none	e of the above, please provide estimated rental or sale levels for the t.
0	Studio:
0	1-bed:
0	2-bed:
0	3-bed:
0	4-bed:
0	Total:

 If units will serve a variety of income levels, please describe how:
18) If Mixed-Use, please describe commercial component of project (brief description of square footage and intended uses):
19) If Mixed, Use, will project include any of the following uses:
☐ Small businesses (10 or fewer employees)
☐ Local businesses (headquarters are or will be located in Core TIF Area)
☐ Customer facing businesses (ie. Public facing businesses such as retail; not office)
☐ Food and/or beverage
☐ Entertainment/art
☐ Childcare
☐ Makers (art, craft, design, or production related businesses including but not limited
to artisanal foods, baked goods, brewing, decorative arts, glassblowing, pottery,
printmaking, textiles, traditional crafts, reuse, and woodcrafting)
☐ Businesses with 50% or more ownership by the following identities:
☐ Black, Indigenous, and/or Person of Color (BIPOC)
Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex,
Asexual, Two-Sprit (LGBTQIA2S+)
☐ Veteran
☐ Person with a disability

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		Non-English Speaking
		Non-citizens
		People of lower socioeconomic status (<80% Area Median Income)
	Other.	Please describe if so:
20) To		struction Value Estimate of Project:
0	Soft Co	osts & Land:
0	Constr	ruction (Hard Costs) of Building Improvements:
0	Infrast	ructure improvement costs:
DI	esse nra	ovide a description of the assumptions used to determine total project cost:
	case pre	whice a description of the assumptions used to determine total project cost.
21) D	oes the a	applicant intend to or has the applicant applied for the City's Multiple Unit
Pr	operty 1	Tax Exemption (MUPTE) Program?
	☐ Ye	S
	☐ No	

22) Provide a brief description of the organization's financial stability as it pertains to the
organization's capacity to successfully complete the project, including a brief financial
history and primary funding sources.
The City may request copies of the organization's financial audit or review for the last two years.
23) Estimated timeline for Improvements:
Anticipated Start Date of Construction Activities:
Anticipated Certificate of Occupancy Date:
24) Please describe the ways your project will have a long-term impact and benefit to the
area. How long are improvements intended to last?
25) If the applicant does not currently own the site, explain how site control has been or will
be obtained, including timing of acquisition.
26) Ownership: Please provide a description of ownership for officers and shareholders owning 10% or more of the entity:
owning 10/0 of more of the entity.

Name, Title	% Ownership	Role in Proposed Project	Does at least one person on ownership of this entity identify as BIPOC, LGBTQIA2S+, Veteran, Woman, and/or a Person with Disability?

27) Development Team: Please provide the following information for ownership of development team members (ie firms and ownership demographics)

Role	Firm/Organization	Contact Name	Does at least one person on ownership of team identify as BIPOC, LGBTQIA2S+, Veteran, Woman, and/or Person with Disability
Architect			
Contractor			
Construction			
Manager			
Legal			
Property			
Manager/Marketing			
Agent			
Market Study			
Appraisal			
Environmental			
Primary Lender			
Other:			

28) If site is currently occupied, include information on the type of occupants (including
relationship to applicant or other entities) and number of occupants and efforts being
taken by applicant to mitigate impacts of displacement.
29) Indicate if the project meets all current zoning, infrastructure, and utility requirements:
☐ Yes
□ No
If not, please indicate what process(es) will need to be completed in order to move forward and
that status of these processes.

ATTACHMENTS

Please	verify that you have uploaded the following documentation to support your application
	Map of Project Location
	Property Legal Description
	Proof of Ownership
	If Under Contract/Option to Purchase, enter expiration date:
	Site Plan & Elevations
	Project Rendering (optional)
	Detailed Project Budget including additional funding sources and intended use of funds
	from grant