

BEND URBAN RENEWAL AGENCY

corearea@bendoregon.gov

710 NW Wall Street Bend, OR 97703

Please email your application and attachments to corearea@bendoregon.gov

CORE AREA BUSINESS 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.	Business/Organization Name:		
2.	Applicant Name:		
3.	Applicant Email:		
4.	Applicant Phone Number:		
5.	Property Address (where proposed improvements are to take place):		
6.	How are you (Applicant) involved in this project?		
		Applicant is a business owner, and leases their space from someone else	
		Applicant is both the property owner and business owner, and their business occupies	
		the entire building	
		Applicant is both the property owner and a business owner who occupies one space in	
		the building, and leases the other space(s) to other businesse(s)	
		Applicant is the Property Owner, and leases all spaces in the building to businesses	
	Note: Ij	f Applicant/Business is not the sole property owner, you are required to upload a	

completed Owner Authorization Form in the Attachments section of this application.

7. Property Owner Name:

8.	Proper	ty Owner Email:	
9.	Proper	ty Owner Phone:	
10.	Please	describe nature of the Applicant's business and business operations:	
11	Applyi	ng for:	
11.			
		sign Assistance	
	□ Co	nstruction Assistance	
12	Eundin	ng Request in \$ (for Construction Assistance only)	
IZ.			
		\$10,000 or less:	
		\$10,001-\$25,000:	
	ш	\$25,001-\$50,000:	
13.	Busine	ss Tenancy demonstrated by the following documentation (please upload	
	selecte	ed documentation):	
	☐ Ow	nership of site	
	☐ Current Lease		
	☐ Let	ter of Intent to Lease	

14. Does the business where proposed improvements are to take place provide one of the			
following services (check all that apply):			
	Customer-facing (ie. 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)		
	Other. If so, please describe:		
,	business any of the following (check all that apply)		
	Local (headquarters are, or will be located in Core TIF Area		
	Business has been in Core Area for 5 or more years		
	Business ownership includes 50% or more ownership by a person or people that		
	identify as one of the following identities:		
	☐ Lower socioeconomic status (<80% Area Median Income, 2023)		
	<\$53,312 (1-person household)		
	<\$60,928 (2-person household)		
	<\$68,544 (3-person household)		
	<\$76,160 (4-person household)		
	☐ Woman		
☐ 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			
	☐ Non-English Speaking		
☐ Non-citizen(s)			

16. What are the intended use of requested funds (check all that apply)?				
	☐ Building façade or exterior upgrades (doors, windows, lighting, signage, siding,			
		awnings, paint, murals)		
		Frontage improvements (sidewalks, landscaping, signage, accessibility upgrades		
	pedestrian amenities and utilities including utility undergrounding)			
	☐ Internal or external building renovations (accessibility upgrades, improvement			
	to older building to meet current codes, mechanical/electrical or building safe			
		upgrades such as fire suppression/seismic upgrades, energy efficiency		
		improvements)		
		Permit fees		
		Design services such as design, architectural or engineering services		
17. Ple	ease	provide description of proposed improvements and the need or problem your		
pro	oject	t will address:		
No	Note: if applying for Design Assistance, please describe desired improvements.			
18. He	lp u:	s understand why a grant is needed on this project?		
		I have funds to do this project without a grant, but I would prefer to use those		
		funds for other expenses.		
		I would do a small version of this project without a grant, but a grant will help		
		me complete the full project.		
		I cannot do any version of this project unless I receive a grant.		
		-		

19. Please further describe your need for funding assistance, why are funds needed to
support these improvements? Ie. Is your business undercapitalized (ie unable to access
equity and/or traditional debt resources); at risk of leaving the Core Area; won't be able
to start operations in the Core Area if improvements aren't made.
20. What types of funding will you use to match funds provided by the City of Bend (check
all that apply):
☐ Loan from Bank or Credit Union
☐ Business Savings
☐ Personal Savings
☐ Loan from Friend or Family Member
☐ Grant Funding from Another Source
☐ Gift
☐ Other
If you are applying for funding above \$10,000, it requires a cash match, how will you pay for the rest
21. Describe the ways in which your proposed project will have a long-term impact on the
need or problem being addressed? What is the intended life span of the improvements
(ie number of years)?

22. Will improvements be on a street-facing location or visible from the street or public
sidewalk:
☐ Yes
□ No
23. For projects applying for construction assistance, have you progressed on any of the
following to support your intended improvements?
☐ Design concept
☐ Completed design
☐ Architect secured
☐ Contractor secured
☐ Permit(s) secured
24. For projects applying for construction assistance what is your anticipated start and end
date for improvements (month and year)?
Anticipated Start date:
Anticipated Completion date:

ATTACHMENTS

Please verify that you have the following documentation to support your application.

For All Applicants				
		Map of Project Location		
		Property Legal Description		
		Proof of Ownership, Copy of Lease, or Letter of Intent to Lease		
		Owner Authorization Form (only if applicant is not the property owner)		
	☐ Photos of Existing Conditions. Include 3-4 current photos of the building or tena			
		space focusing on areas you want to improve as part of the project.		
For Construction Assistance Applicants Only				
		Detailed Project Budget including required match if applicable		
		o Please provide a detailed project budget for the proposed improvements		
		including a description of the assumptions used to determine total project		
		cost including funding sources and a statement regarding your		
		organization's ability to proceed without your requested funds.		
		Plans, Elevations, Renderings, and/or Sketches (optional)		
		Site Plan, Design, and/or Construction Drawings (optional)		





MEMO

To: Tammy Rundle, The Growing Tree

From: Bruce Jessup

Date: October 10, 2023

RE: Electrical Service Upgrade

To accommodate current and future operations, the existing electrical service at The Growing Tree will require an upgrade.

Colebreit calculates that a new electrical service of 400A @ 120/208V 3ph will be necessary. The new service will include a new Utility meter and disconnect at the exterior of the building and new distribution panelboards within.

A new 3-phase Utility strike will be required from Pacificorp. They have a point of presence in the alley. (1) 4" conduit will be fed underground from their service pole and into the new meter location at the exterior. There will be excavation, trenching, and backfill necessary for the installation of the raceway.

The existing electrical service and Utility strike will be demolished once the new electrical service is energized.

Cost Estimates:

•	Demo and disposal -	\$1,500
•	New Electrical Service -	\$12,500
•	New Distribution -	\$8,000
•	Excavation -	\$7,500
•	Utility Fees -	\$7,000

Total Estimate - \$36,500

Respectfully submitted,

Bruce Jessup

Senior Electrical Designer

NOTICE OF REVIEW ADMINISTRATIVE

The following application has been received by the City of Bend. you wish additional information, please call the Planning Department at 338-5580. You may send written comments to the City of Bend Planning Department, P. O. Box 431, Bend, Oregon 97709, no later than April 11, 1987

APPLICANT:

Growing Tree Children's Center

FILE NUMBER:

C-9-87

REQUEST:

Site plan approval for a 6,248 square foot day care facility, and variance to reduce the required outdoor play area from 10,000 square feet to 9,275 square feet Southeast corner of NE 4th and Kearney; Lots 1, 2, and

LOCATION:

3, Block 30, Center Addition; 17-12-33 BC, Tax Lots

6800, 6900, and 7000

