

City of Taylorville, Illinois
Taylorville Business Development District (BDD) No. 1 *(established: 9/17/2018)*
APPLICATION FOR REIMBURSEMENT OF
PRIVATE BDD ELIGIBLE REDEVELOPMENT PROJECT COSTS

(NOTE: As of June 5, 2023, all applications are to be submitted to the City prior to starting the redevelopment project.)

Applicant Name: _____ Date: _____

Applicant Mailing Address: _____

Applicant Daytime Phone: _____ Email Address: _____

Subject Property's Site Address: _____

Subject Property's Christian County Property Tax ID # _____

Property Owner Name(s) if different than Applicant: _____

Type of Property *(check all that apply)*: Commercial/Retail; Professional Office; Industrial; Residential

Anticipated Project Start Date: _____ and Estimated Project Completion Date: _____

Number of new jobs, if any, that will be created as a result of this Project: Full-time _____ Part-time _____

New annual retail sales anticipated to occur, if any, as a result of the proposed improvements: \$ _____

Total Projected Investment for Project: \$ _____, of which \$ _____ is land/building improvements.

Estimated BDD Eligible Project Costs *(attach detailed list and description, as well as bids for contracted work):*

1. Professional fees (e.g., engineering, architectural, legal, accounting, plans, marketing)\$ _____
2. Acquisition cost of land and buildings purchased after 9/17/2018.....\$ _____
3. Site preparation (e.g., demolition, excavation, leveling/grading of land).....\$ _____
4. Exterior rehab, repair, remodeling, reconstruction of existing buildings\$ _____
5. Interior rehab, repair, remodeling, reconstruction of vacant, underutilized space\$ _____
6. Construction of new building\$ _____
7. Construction or repair of private parking lot and/or driveway.....\$ _____
8. Construction or repair of public infrastructure.....\$ _____

TOTAL ESTIMATED BDD ELIGIBLE PROJECT COSTS:\$ _____

FOR CITY USE:

Signed application received by the City of Taylorville on date: ___ / ___ / ___ by _____

Ordinance Committee Recommendation: Approved for Amount: \$ _____ on date: ___ / ___ / ___

Notes/instructions: _____

_____ *(attach more detail as needed)*

Denied for reason: _____ *(attach more detail as needed)*

BDD Application forwarded to City's BDD Administrator on date: ___ / ___ / ___

Date of Approved Redevelopment Agreement: ___ / ___ / ___ Verified BDD Eligible Project Costs: \$ _____

Amount reimbursed by City to Applicant: \$ _____ by Check No. _____ on date: ___ / ___ / ___

5. The City of Taylorville reserves the right to accept BDD Applications from those Applicants who undertake projects the City deems to be compliant with the Act and for projects that the City believes will further stimulate the type of redevelopment that is consistent with the Taylorville Business Development District No. 1 Redevelopment Plan, and Projects. While the Taylorville City Council shall exercise its authority pursuant to the Act to reimburse private redevelopment project costs in such amounts that are deemed to be in the best interests of the citizens of the City of Taylorville, the following guidelines shall be generally considered as may pertain to the reimbursement of private BDD-eligible project costs:
 - a. Reimbursement amounts not to exceed Fifty Percent (50%) of total project costs for Projects requiring a total verified minimum investment of \$2,000 to \$9,999;
 - b. Reimbursement amounts not to exceed Thirty-Five Percent (35%) of total project costs for Projects requiring a total verified minimum investment of \$10,000 to \$49,999; and
 - c. Reimbursement amounts not to exceed Twenty-Five Percent (25%) of total project costs for Projects requiring a total verified minimum investment of \$50,000 or more.
6. Applicants must, in advance of receiving BDD funds: a) verify that the most recent real estate tax bill(s) have been paid for the Property; and b) verify BDD eligible project costs in an amount equal to or greater than the amount approved by the City Council. **BDD Funds are paid by the City of Taylorville to Applicants:**
 - a. **with whom the City Council has approved a written redevelopment agreement by City Ordinance;**
 - b. **upon completion of the Project and terms of the redevelopment agreement; and**
 - c. **following the verification of BDD eligible project costs that have been incurred by the Applicant – no exceptions.** The City’s obligation hereunder to pay BDD funds for eligible project costs is a limited obligation to be paid solely from the Taylorville BDD No. 1 Special Tax Allocation Fund, unless otherwise specified in the redevelopment agreement.
7. It is the understanding of the City and the Applicant that the position of the Illinois Department of Labor is that the Illinois Prevailing Wage Act does not currently apply to sales tax incentives, such as BDD Funds, that are received by private Developers as reimbursement for BDD Eligible Project Costs. This position of the Department of Labor is available online. Any project costs incurred by the Developer within a public right-of-way or for which the improvements are intended to be dedicated to the City are subject to the Prevailing Wage Act.
8. All Applications are subject to review by the City’s Ordinance Committee and the City Finance Committee prior to City Council approval.

The undersigned certifies and warrants that to the best of his/her knowledge the information contained in and attached to this Application Form is true, correct, and complete and furthermore agrees to the terms and conditions provided herein. Nothing contained in this BDD Application shall be construed by the City or the Applicant or any third person to create the relationship of a partnership, agency, or joint venture between the City and the Applicant.

Applicant Signature: _____ Date: ____ / ____ / _____

Applicant is the Owner of Subject Property

Applicant is Tenant of Subject Property for which *Appendix A* has been completed and attached hereto.

BDD Application Form Revised 10-14-2024

APPENDIX A

**APPLICATION FOR REIMBURSEMENT OF
PRIVATE BDD ELIGIBLE REDEVELOPMENT PROJECT COSTS**

City of Taylorville, Illinois /115 N. Main Street, Taylorville, IL 62568 Ph: (217) 287-7946

(Complete top and bottom portions of this form only if the Applicant is not the Property Owner)

TENANT-APPLICANT AFFIDAVIT

We the undersigned are the Applicant and Tenant of real Property located at the following address: _____, (PIN _____), and hereby disclose our intent as Tenant of said Property to incur certain eligible project costs as "Leasehold Improvements" for which we are requesting the reimbursement from the *Taylorville Business Development District No. 1 Special Tax Allocation Fund*, pursuant to the terms and conditions provided herein.

BY: _____ Date: ____ / ____ / _____
(Authorized Tenant Signature)

(Print Tenant Name)

STATE OF ILLINOIS
COUNTY OF CHRISTIAN

I, the undersigned Notary Public, do hereby affirm that _____ personally appeared before me on the ____ day of _____, _____, and signed the above Statement as a free and voluntary act and deed.

Notary Public
Date of Commission Expiry: ____ / ____ / _____

PROPERTY OWNER-LANDLORD AFFIDAVIT

As the owner of the above-described real Property, I hereby provide the Tenant my consent to undertake the proposed "Leasehold Improvements" on the Property, whereby the Tenant shall incur certain eligible project costs for which the Tenant is requesting reimbursement from the *Taylorville Business Development District No. 1 Special Tax Allocation Fund* pursuant to the terms and conditions provided herein.

Furthermore, as a signatory to this Application, I do hereby direct the City of Taylorville to make the BDD grant payment awarded by the City for this Project payable to the Tenant-Applicant.

BY: _____ Date: ____ / ____ / _____
(Authorized Property Owner-Landlord Signature)

(Print Property Owner-Landlord Name)

STATE OF ILLINOIS
COUNTY OF CHRISTIAN

I, the undersigned Notary Public, do hereby affirm that _____ personally appeared before me on the ____ day of _____, _____, and signed the above Statement as a free and voluntary act and deed.

Notary Public
Date of Commission Expiry: ____ / ____ / _____