26778 - 29 South Main Street Rehabilitation Project

Application Details

Funding Opportunity:	228079-Community Catalyst Building Remediation
Funding Opportunity Due Date:	Apr 14, 2023 11:59 PM
Program Area:	Downtown Resource Center
Status:	Submitted
Stage:	Pre-Application
Initial Submit Date:	Jan 25, 2023 7:24 AM
Initially Submitted By:	Courtney Harter
Last Submit Date:	
Last Submitted By:	

Contact Information

Primary Contact Information

First Name*:	Courtney (First Name) Middle Name Harter (Last Name)
Title:	Housing & Economic Development Manager
Email*:	charter@councilbluffs-ia.gov
Address*:	209 Pearl Street
	Council Bluffs (City) Iowa (State/Province) 51503 (Postal Code/Zip)
Phone*:	(712) 890-5354 Ext. (Phone ###-###-####)
Fax:	(712) 328-4915 (###-###-####)

Organization Information

Name*:	City of Council Bluffs
Organization Type*:	City Government
DUNS:	87-732-2177 (##-###-####)
Tax Id:	
Unique Entity Identifier (UEI):	
Organization Website:	http://www.councilbluffs-ia.gov
Address*:	209 Pearl St

	Council Bluffs Iowa 51503 City State/Province Postal Code/Zip
Phone*:	(712) 328-4605 Ext. ###-###-####
Fax:	(712) 328-4997 ###-###-####

Pre-Application

City:	City of Council Bluffs
City Population:	62415
Address of Project:	29 South Main Street Upload a map of the city with the project address identified on the required uploads form.

Brief description of the project. Include planned property use when remediation is completed (1,000 characters max.):

The proposed project involves the rehabilitation of 29 South Main Street in Council Bluffs. The property is currently being used as a mortgage processing and property management company but requires significant renovation to be occupied by a new tenant. Needed repairs include fa◆ade renovation, repairs to the roof and north wall, replacement of windows and doors, updated electrical and HVAC, bathroom renovations, new flooring throughout the building and basement upgrades. Upon completion, the property will be utilized by VEN Whole Healthcare of Council Bluffs as an outpatient mental healthcare clinic specializing in medication management, individual and group therapy, psychological and neurological testing and sleep studies. Additional treatment options will include depressive disorders and suboxone treatment for opioid addiction.

Describe what is driving the project locally. Include how remediation specifically fits into a plan for the city and how this remediation will be a catalyst for economic development. (2,500 characters max.):

The project is locally driven by Tony Smith of VEN Whole Healthcare, LLC. Because of the building?s location in the downtown area, the City is interested in seeing the property rehabilitated. The property is being used by a local mortgage and property management firm currently. The Bluffs Tomorrow: 2030 Comprehensive Plan identifies the downtown as mixed-use oriented towards pedestrians. The plan states the City shall ?promote business growth and development as well as improve existing square footage through renovation and rehabilitation that meet contemporary tenant demands.? The proposed plan is consistent with the City?s Land Use Plan and will not require rezoning. In 2023, the City launched its Downtown Improvement Grant (DIG) Program to help property owners in the central business district reinvest in their properties through fa◆ade improvements. This program identifies the area around the central business district into three priority area. This property is included within the top three priority areas and is eligible for up to $25,000 in City assistance to complete exterior renovations. While this property is only one of three original historic buildings remaining on block, it is part of the greater effort to invest in Downtown Council Bluffs and create new economic opportunities in the city center. The property owner has not submitted an application for the DIG Program; however, their scope of work for renovating the exterior fa◆ade of the building would be eligible for DIG program funding. While this project is not as high of a priority as others, the need for this type of facility is high in Council Bluffs. As with all cities across the United States, professional mental healthcare is difficult to access in Council Bluffs and Southwest Iowa. According to the National Alliance of Mental Health, approximately 1.8 million Iowans live in a community that does not have mental health professionals. Of the 473,000 Iowans living with a mental health disorder, 34% are not receiving treatment due to cost. Incarceration of persons with a serious mental illness yields over 2 million jail bookings per year with 40% of adults in jail have a history of mental illness. This number increases to 70% in the juvenile justice system.

Who owns the property?:	Private Owner
Name of Owner:	VEN Total Healthcare
Length of Ownership (Years):	0
Current use of Property:	Retail
Proposed future use of Property:	Service

Financial commitment from owner to insure project success: $500,000.00

Describe the owners cooperation and any other information that shows commitment in making the project a success (2,500 characters max.):

The owner has met with the City to discuss needed upgrades to the property in order to change the use from a financial firm into a mental health facility. Owner has obtained necessary bank financing to complete the renovation and equipping of the building. Key staff have been hired and are already planning schedules and final layout of the building. By the end of the first year, 18 employees are expected to fill out staffing. This is a million dollar commitment to Council Bluffs based on the research detailing the need for mental health in the city and Southwest Iowa.

Describe how and why this building was selected (1,000 characters max.):

The City of Council Bluffs reviews requests from each entity wishing to apply to the Community Catalyst Program. Based on the interested projects, one project is selected to apply to the program. This year, only one property contacted the City about an application. While it may seem this property was chosen by default, the City did review the site and determine based on the number of historic buildings remaining on the block, the current condition of the exterior and the owner contribution, this project is viable and worthy of the Catalyst grant program.

Describe the impact the Catalyst grant will have on this project (1,000 characters max.):

The Catalyst grant will make a significant impact to this project. The total renovation project for this building is $625,000. The Catalyst grant will encompass 16% of the total project cost making it an essential piece of the funding budget. Unlike other areas of healthcare, the primary driver of revenue for mental health facilities is Medicaid. This type of funding reduces profit margins significantly which means grant dollars are imperative to rehabilitate the building in order to successfully operate a mental health clinic in Downtown Council Bluffs. Additionally, the City is committed to projects that restore downtown historic buildings. While this building is smaller, it is one of only three historic structures left on this block. Should this property fall into further disrepair, it could mean losing another building in an area the city has already lost most of the historic architecture.

Required Documents (Pre-Application)

Named Attachment	Required	Description	File Name	Type	Size	Upload Date
City map with project address identified		Site Map	Site Map.pdf	pdf	1 MB	01/16/2023 10:46 AM
Taxpayer Identification Number & Certification for Fiscal/ Applicant Organization Download IRS form		VEN Whole Healthcare LLC W-9	VEN Wholehealtchare LLC W-9.pdf	pdf	60 KB	01/16/2023 10:42 AM

Budget

Grant Amount Requested:	$100,000.00
City's financial contribution:	$25,000.00
City's in-kind contribution:	$1,500.00
Other contributions:	$500,000.00
Total estimated cost of project:	$626,500.00
Pre-Application Award Amount (if applicable):	$0.00 MUST be less than or equal to $5,000
Recommended Application Amount (if invited to apply):	$0.00 Internal Use Only

Photos of Building/Site (Pre-Application)

Description	File Name	Type	Size	Upload Date
Exterior Photos	Exterior Photos.pdf	pdf	600 KB	01/18/2023 09:24 AM
Interior Photos	Interior Photos.pdf	pdf	1 MB	01/18/2023 09:29 AM

Miscellaneous Documents (Pre-Application)

Description	File Name	Type	Size	Upload Date
City Match Letter	City match letter.pdf	pdf	432 KB	01/18/2023 09:34 AM

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
VEN Whole Healthcare LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
7655 Archer Place

Requester's name and address (optional)

6 City, state, and ZIP code
Lincoln, NE 68516

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
			-		-				

or

Employer identification number
8	7	-	3	2	8	1	1	8	9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ X [signature] Date ▶ 11/4/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

POTTAWATTAMIE COUNTY • IOWA

29 South Main Street Rehab Project





Legend

Aerial Photo Spring 2022

Accuplus (Map Service)

- Red: Band_1
- Green: Band_2
- Blue: Band_3

World Imagery (Map Service)

World Imagery

High Resolution 60cm Imagery

Pottawattamie County GIS Dept.
223 S 6th St.
Council Bluffs, IA 51501
(712) 328-4885
gis@pottcounty-ia.gov
https://gis.pottcounty-ia.gov

1/16/2023

Pottawattamie County

Geographic Information Systems

SCALE: 6662

0 350 700 ft

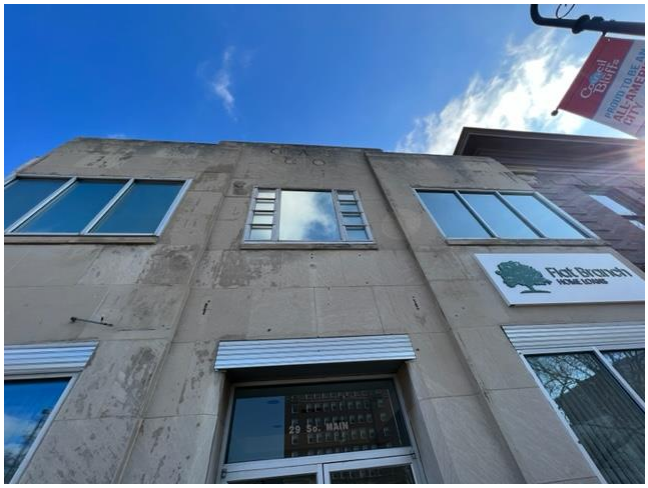
Users of Pottawattamie County (The County) GIS data agree that he/she will at all times indemnify and hold The County and its officers, employees, and agents harmless from any damages, claims, lawsuits, costs, or liability arising from any act, omission, or commission with respect to the release and use of information in this Agreement and any of the terms thereof. The County makes no claim as to the accuracy of the spatial data and its associated data tables and assumes no responsibility for their positional or content accuracy. The County makes no claim as to the ability of the spatial data to fulfill the Contracting Organization's application requirements. In providing data (or access to data), The County assumes no obligation to assist in the use of the data, or in the development, use, or maintenance of any applications applied to the data. In no event shall The County be liable for any direct, indirect, incidental, consequential or special damages that may result from the use of the GIS data.

Exterior Photos

Front (west) Side







Exterior Photos

North Side



Interior Photos











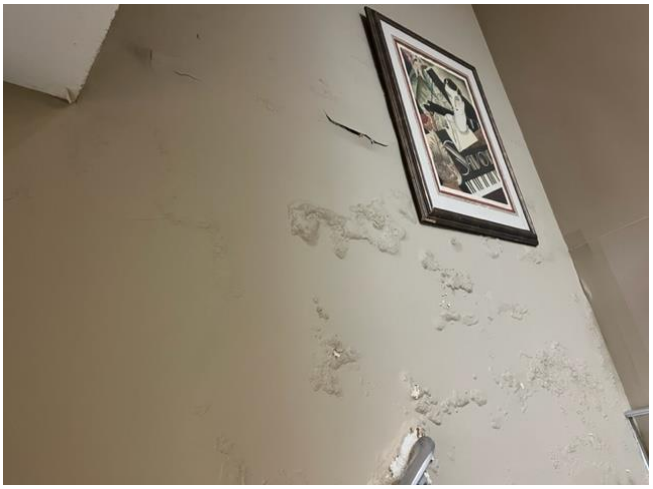


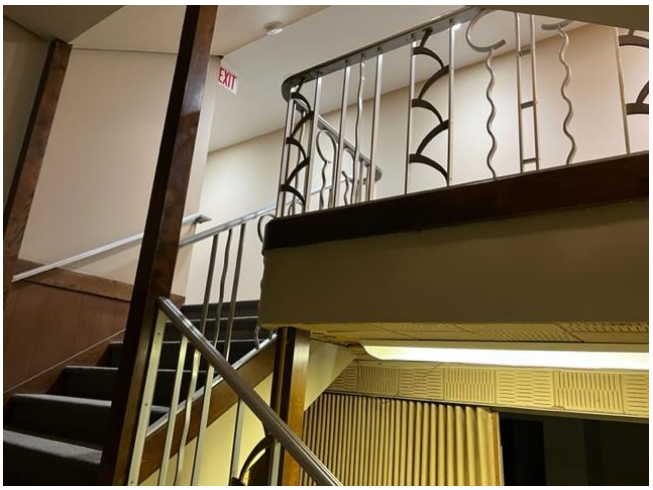
Interior Photos











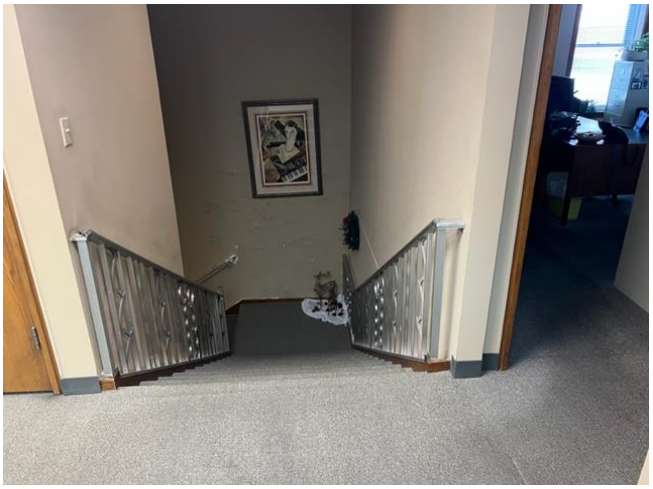


Interior Photos













Interior Photos



January 18, 2023

RE: Community Catalyst Grant Application
29 South Main Street

Dear Mr. Smith,

The City of Council Bluffs has a Downtown Improvement Grant (DIG) Program that your property located at 29 South Main Street is eligible to apply for. The application cycle is currently open and is up to $25,000 to renovate the exterior of your building. This is a competitive grant and will be awarded to the most qualified applicants.

If awarded, this would constitute the City local match as required by the Community Catalyst Program. Additionally, the City will provide approximately $1500 of in-kind time to complete your grant application and administer the grant on your behalf.

Please let me know if you have any questions.

Thank you,

Courtney Harter, Director

City of Council Bluffs – Community Development Department
209 Pearl Street | Council Bluffs, IA 51503 | (712) 890-5350 | councilbluffs-ia.gov
Equal Opportunity Employer