

CITY OF CINCINNATI
Neighborhood Business District Improvement Program
2016-2017 FUNDING REQUEST APPLICATION

Each Neighborhood Business District may submit two project requests (one major and one minor or two minor). Complete each section and provide written documentation to receive credit on scoring.

Project Title: Parking Lot Pay Stations Project Address: Parking Lot 1. West Charlton St. and Glendora, Parking Lot 2. West Corry St. and Glendora

Neighborhood: Corryville Census Tract(s): _____

Business Association: Short Vine Association Community Council: Corryville

Please Describe Project in One Sentence: Replace our four parking lot pay stations.

Detailed Project Description: Short Vine Association(SVA) controls two City parking lots in Corryville. The lots have four pay stations that will be functionally obsolete within the year due to outdated technology. The SVA intends to purchase and install two new machines and is requesting funding for two. The parking lots are the main revenue generator for SVA. It allows us to reinvest the money earned into the business district, through beautification, street events, branding and social media to promote Short Vine. Additionally, some of the funds may be used for parking signage.

1. Type of Project: Major _____ or Minor X

2. NBD Impact: Impact is limited to the specific project site or NBD. Identify the businesses physically, contractually, or financially impacted and directly benefiting from this project. _____ (Sample letter(s) attached)

3. Job Impact: Job impact is limited to the specific project site or NBD. All jobs must be reported as full-time equivalent (FTE). FTEs must provide a minimum of 2,080 hours per year or 40 hours per week. See NBD Improvement Program Criteria for an explanation of retained or created jobs. Please provide documentation/methodology to support these numbers.

Jobs Retained 100

Jobs Created 50

4. Businesses Assisted: Provide the names and addresses of businesses that will directly benefit from the project, and explain how these businesses will directly benefit. (Example – a streetscape will benefit all businesses fronting on the improvements. Parking lots benefit businesses needing additional parking in close proximity).

Businesses Assisted _____

5. Sources and Uses: Degree to which the project leverages private and other public funding. Private leverage based on commitments through letters of support. List other public funds committed to the project (federal, state, NSP).

<u>Fund Source</u>	<u>Private</u>	<u>Public</u>	<u>Amount</u>	<u>Use of Funds</u>
<u>NBD Improvement Program</u>	_____	<u>X</u>	\$ <u>29,500.</u>	<u>Purchase and install two pay stations</u>
<u>SVA Funds</u>	<u>X</u>	_____	\$ <u>29,500.</u>	<u>Purchase and install two pay stations</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
Total Budget			\$ <u>59,000.</u>	

6. Attach complete budget, including cost estimates, source of estimates, and contractor's bids. At this time, we have a rough estimate of \$12,000. per machine. We are aware of some installation costs. Any remaining funds will be used for parking lot signage and way finding .

7. What is the neighborhood contribution to this project (including committed volunteer hours)?

__SVA will fund \$29,500. for the purchase of two units. We ask that our two units be included in the City's request for bid to get the best price for four units.

__SVA will provide 100 volunteer hours . _____

8. Does this project complete or continue a previously funded project? Yes _____ No X_____

If yes, please specify the following:

a) Phased project (Project Name) _____

b) Cost over run _____ Explain: _____

9. Does your community have an approved plan? Yes X No _____

If yes, which goal or objective of the plan does this project implement? providing easy parking access for customers of the business district.

Is this project specified in the plan? Yes _____ No X_____

10. Letter from:

- a) Business Association (Attached) _____ Confirming knowledge of project
- _____ Supporting project
- b) Community Council (Attached) _____ Confirming knowledge of project
- _____ Supporting project

11. Attach a map of the project location.

12. Who is the Project Coordinator and Main Contact Person for this project?

Name: Carlos Mincks

Address: 7 West Charlton St. Cincinnati, Ohio 45219

Email: carlos@epicrentalproperties.com

Phone: 513 607 0261 Fax: _____

List the names and email addresses of active committee members who will be implementing this project.

<u>Name</u>	<u>Email/Phone</u>
<u>Patrice Eby Burke</u>	peburke@uptownrents.com
<u>John Clifton</u>	earthdragonllc@gmail.com
<u>Kris Richter</u>	bbeelistics@gmail.com
_____	_____
_____	_____
_____	_____