

City of Dearborn Heights  
Tax Increment Finance Authority

**Business Improvement Program  
Online Application Packet**



For more information, contact  
Tax Increment Finance Authority  
25367 Michigan Avenue  
Dearborn Heights, Michigan 48125  
[tifa@tifadh.com](mailto:tifa@tifadh.com)  
(313) 791-9805

## **BACKGROUND**

The Tax Increment Finance Authority (T.I.F.A.) Act was established by the State of Michigan Legislature as Public Act 450 of 1980. It is an act to prevent urban deterioration and encourage economic development within the district. The T.I.F.A. Board supervises and controls the Authority, which uses increased tax revenues within a geographic area to finance improvements. The Board acts in the best interest of the City to analyze economic change and its impact upon development areas in the T.I.F.A. District, developing long-range plans to promote the growth of the development area.

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## **INTENT**

As the Michigan economic climate continues to make redevelopment and/or property improvements more difficult, many property owners are reluctant to make substantial investments to their property. In an effort to assist businesses with these types of improvements and to continue to improve the City of Dearborn Heights, the T.I.F.A. developed the Business Improvement Program. This grant program offers funding to businesses located within the T.I.F.A. District who are interested in enhancing and/or improving their property. The intent of the Business Improvement Program is to encourage the continued enhancement of the T.I.F.A. District.

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## **GRANT AMOUNTS**

Funding available is in the form of a reimbursable matching grant. Grants are structured to be a fifty percent (50%) match with a maximum contribution by the T.I.F.A. capped at \$5000.00. A matching grant of \$10,000.00 could be authorized if the total cost of the project is \$50,000.00 or more. If the grant is awarded, the T.I.F.A. will **reimburse** applicants for eligible improvements.

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## **ELIGIBILITY REQUIREMENTS**

To be eligible for the Business Improvement Program, the following criteria must be met:

1. Only City of Dearborn Heights business property owners are eligible for the grant program. In the case of a tenant submitting an application, a letter of permission from the property owner is required.
  2. Proof of ownership by a recorded deed or memorandum land contract is provided. If a memorandum of land contract is not recorded, it shall be recorded prior to the acceptance of the application.
  3. The property must be located within the designated City of Dearborn Heights T.I.F.A. District as shown on the T.I.F.A. Map. Only properties located within the T.I.F.A. boundary are eligible for funding.
  4. All property taxes, assessments, fees, ordinance fines, violations, and water bills are paid and current before any contracts are signed.
  5. The property must be structurally sound and economically feasible to rehabilitate and/or improve.
  6. The property must be free of nuisances (such as trash, unlicensed/abandoned vehicles, weeds, debris, or other unsightly conditions).
  7. The property must be an existing office, commercial, or industrial building or development and must be properly zoned. Tax-exempt properties are excluded.
  8. A property (or contiguous properties) may only receive a total of one (1) grant award within a thirty-six (36) month period.
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## ELIGIBLE PROJECTS

The projects that are eligible for funding through the Business Improvement Program include, but may not be limited to, the following:

- Façade improvements
- Building repairs
- Code updates
- Parking lot improvements
- Landscape screening
- Removal and replacement of non-conforming signage
- Ten percent (10%) – \$1500.00 cap – of professional service fees eligible to be reimbursed

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## INELIGIBLE COSTS

Projects outside the boundaries of the T.I.F.A. District are *not* eligible under the T.I.F.A. Business Improvement Program. In addition, some projects or costs *within* the T.I.F.A. District may not be eligible under the Business Improvement Program. These projects or costs include, but may not be limited to, the following:

1. Expenses incurred prior to application approval.
2. Property acquisition.
3. Mortgage, land contract financing or loan fees.
4. Wages paid to applicant or the applicant's relatives for work associated with the improvement project.
5. Furnishings, trade fixtures, display cases, counters, or other items taxed or classified as personal property.

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## APPLICATION PROCESS

The Business Improvement Program Application Form can be obtained from the City of Dearborn Heights T.I.F.A. Office (25637 Michigan Avenue, Dearborn Heights, Michigan 48127 / 313-791-9805) or downloaded from our website: [www.tifadh.com](http://www.tifadh.com)

1. A completed application is returned to the Dearborn Heights T.I.F.A. Office.
2. Upon completing the Business Improvement Program Application Form, the applicant must also submit a proposal detailing the scope of work outlining the improvements to be made.

This proposal should include:

- Copy of recorded Deed or Memorandum of Land Contract
- Letter of Permission, if required (sample attached)
- Narrative project description, drawings & other items
- Detailed line-item budget (estimate)
- Complete affidavit (see attached)
- Proposed project schedule
- Photographs of the property and structure (submitted either in hardcopy as 4" x 6" or larger photo prints, or digitally on CD in JPEG file format)

Applications for assistance under this program will be processed in the order in which they are received. Applicants shall use the prescribed forms in applying for the Business Improvement Program. Incomplete, erroneous, misleading, or fraudulent information shall be grounds for terminating the application.

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## **APPROVAL PROCESS**

### Review

1. The T.I.F.A. Administrator reviews the application and proposal to determine whether all the materials are complete and ready for submittal to the T.I.F.A. Business Improvement Committee.
2. If additional materials are required, the T.I.F.A. Administrator will inform the applicant prior to submitting the request to the Committee.
3. Once all the applicant's materials are complete, the application is forwarded to the Business Improvement Committee for review.
4. The final decision regarding the grant is made by the Business Improvement Committee.

### Final Approval

1. All projects are to be approved by the Business Improvement Committee.
  2. The T.I.F.A. Administrator will contact the applicant, in writing, whether the application has been approved, denied, or additional information is needed by the Business Improvement Committee before a ruling can be made.
  3. Once final approval of the application has been granted, the applicant may begin the construction process.
  4. Construction must commence within ninety (90) days of written notice to the applicant that a Business Improvement Program grant has been awarded to the applicant.
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## **CONSTRUCTION PROCESS**

1. Solicit three (3) bids from licensed contractors. (2 copies of each bid)
  2. Meet with T.I.F.A. Administrator to review bids.
  3. Select lowest responsible bidder.
  4. Letters sent to all bidders notifying whether bid has been denied or approved.
  5. Applicant enters into agreement with contractor. The contract must require the contractor to comply with the Michigan Construction Lien Act [MCL 570.1101, *et seq.*]
  6. Meet with Building Department to determine required permitting process. If necessary, obtain all required permits.
  7. Applicant is required to send copies of the building permit to the T.I.F.A. Office.
  8. After construction has been completed, schedule on-site visit by the T.I.F.A. Administrator.
  9. Schedule inspections and obtain all inspection documents along with any other required permit documentation.
  10. All improvements must be completed within six (6) months of the start of construction.
  11. Any changes in the scope of work must be approved by the Business Improvement Committee to be eligible for reimbursement.
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## **REIMBURSEMENT PROCESS**

Once construction is complete, the applicant may submit for reimbursement from the T.I.F.A. The following information must be provided to the T.I.F.A. Administrator by the applicant before the reimbursement process can begin:

1. A sworn statement from the contractor attesting that all contractors, sub-contractors, suppliers, and laborers have been paid in full by the contractor and the project applicant.
2. If any contractor has placed a lien on the property, proof that the lien has been removed.
3. Proof that the improvements have passed final inspection and meet all City of Dearborn Heights code requirements, including zoning, building and safety codes.
4. Photographs of the completed project (submitted either in hardcopy as 4" x 6" or larger photo prints, or digitally on CD in JPEG file format).
5. A completed "Request for Repayment" form. (see attached)

The T.I.F.A. Administrator will review all of the documentation submitted and inspect the project to ensure the project is completed. A check for the full grant amount will then be mailed to the applicant.

Dearborn Heights Tax Increment Finance Authority (TIFA)

**OFFICE CONTACT INFORMATION**

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*Mailing Address*

Dearborn Heights TIFA Office  
25637 Michigan Ave., Dearborn Heights MI 48127

*Office Fax* (313) 791-9803

*Website* [www.tifadh.com](http://www.tifadh.com)

**TIFA ADMINISTRATOR**

Carmine C. Oliverio  
*Phone* (313) 791-9805  
*Email* [tifa@tifadh.com](mailto:tifa@tifadh.com)

**OFFICE SECRETARY**

Christine Hodgins  
*Phone* (313) 791-9820  
*Email* [secretary@tifadh.com](mailto:secretary@tifadh.com)

**ASSISTANT ADMINISTRATOR &  
BUSINESS INCENTIVES COORDINATOR**

Tom Rosco  
*Phone* (313) 277-7492  
*Email* [businesshelp@tifadh.com](mailto:businesshelp@tifadh.com)

*Office Hours*

Normal business hours are 9 a.m. - 5 p.m., Monday through Friday.  
To visit and meet with our staff, please call to schedule an appointment.

All members of the public are also welcome to attend our TIFA Board Meetings which are held on the second Wednesday of the month, as necessary, in the TIFA Office.

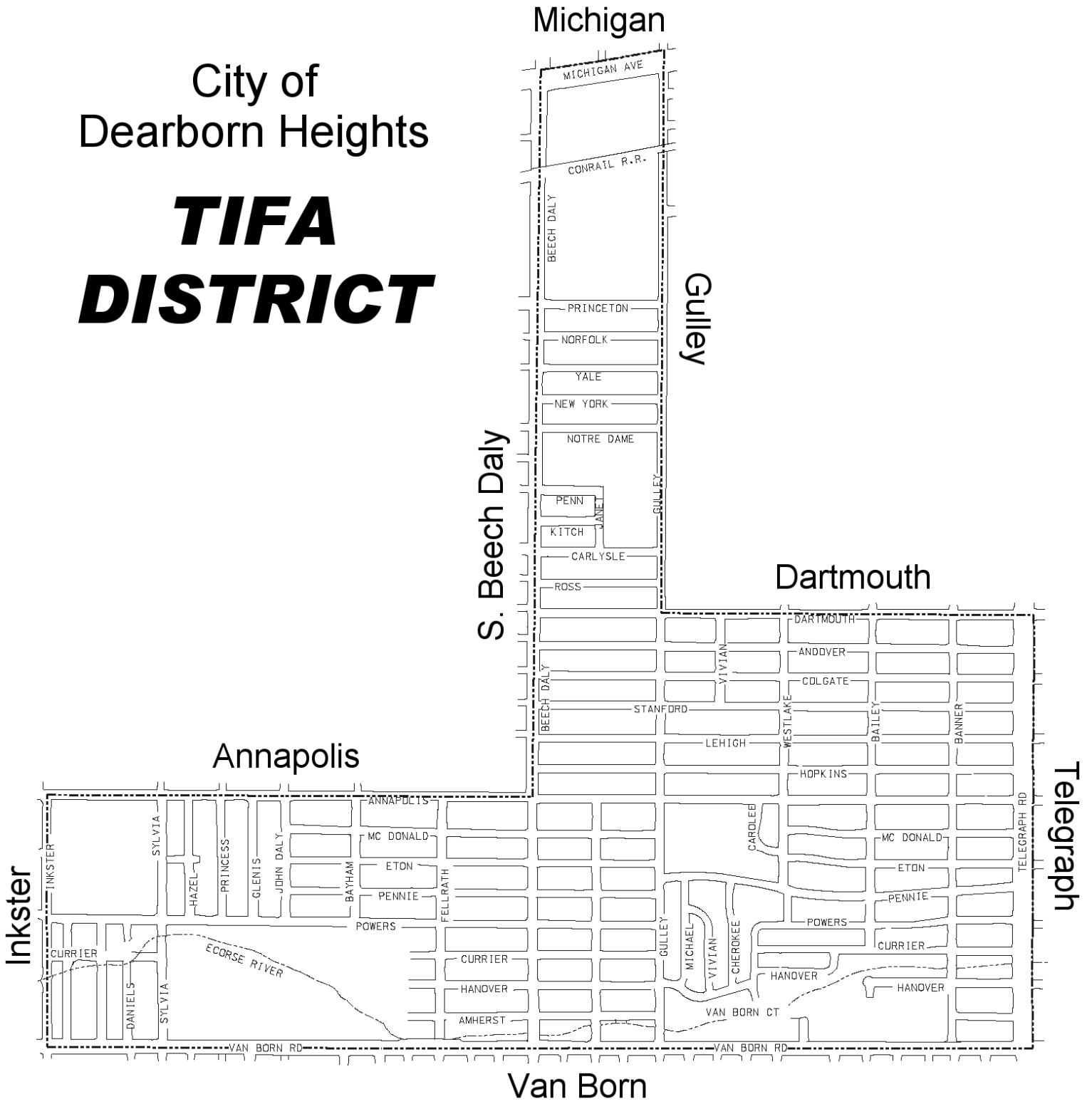
***Brownfield Redevelopment Authority***

The TIFA Board and Office also administer the Brownfield Redevelopment Authority for the entire city of Dearborn Heights.

Those interested in the work of the BRA should contact the TIFA Administrator.

City of Dearborn Heights

**TIFA DISTRICT**



**BUSINESS IMPROVEMENT PROGRAM APPLICATION FORM**

Please complete this form in its entirety and submit it to the Dearborn Heights TIFA Office, 25637 Michigan Avenue, Dearborn Heights, Michigan 48125. Phone: 313-791-9805. All questions should be directed to the TIFA Office. **Note: If projects begin prior to funding approval, you will not be eligible for the Grant.**

<b>1. Applicant Name, Address, Phone Number &amp; Fax Number:</b>  	<b>2. Applicant is the (check one):</b>  <input type="checkbox"/> Property Owner  <input type="checkbox"/> Renter/Tenant  <input type="checkbox"/> Other:
<b>3. Property Owner Name, Address, Phone Number &amp; Fax Number:</b> (If applicant is not the property owner, please have the owner complete the attached letter of permission and return it with this application)  	
<b>4. Have you or anyone else who can claim ownership or other interest in this property been awarded a Matching Grant within the last six months? (Check one)</b> <input type="checkbox"/> NO <input type="checkbox"/> YES, if "yes" please explain: _____	
<b>5. Property address where project will occur:</b>  	
<b>6. Parcel Code of property where project will occur:</b>  	
<b>7. Attach a detailed description of the improvements that are proposed. Attach supporting materials, such as drawings, which will assist in the review and understanding of your project. Applicants must also attach a detailed "line-item" budget and a project schedule. Make sure that all attachments are clearly labeled.</b>  <b>a. Amount of Funding Requested:</b> <b>b. Total Cost of Improvements:</b>	
<p>I understand that my submission of an application does not constitute a guarantee for funding under the Business Improvement Program. I certify that all information is true and accurate to the best of my knowledge, and if approved, work will be completed as outlined.</p> <b>9. Applicant/Owner Signature:</b>	<b>10. Date</b>

**Must attach the follow items:**

1. Copy of Registered Deed
2. Letter of Permission, if required. (Appendix C)
3. Narrative project description, drawings and other items.
4. Detailed line-item budget
5. Affidavit for Business Improvement Program (Appendix D)
6. Project Schedule
7. Photos of the property and structure



**LETTER OF PERMISSION**

Date: \_\_\_\_\_  
Dearborn Heights TIFA Office  
25637 Michigan Avenue  
Dearborn Heights, MI 48125

RE: Application for Business Improvement Grant

ATTN: Carmine Oliverio, TIFA Administrator

I hereby grant my permission to (Applicant Name) \_\_\_\_\_ to make application under the City of Dearborn Heights Business Improvement Program. I further grant my permission that (Applicant Name) \_\_\_\_\_ may complete the proposed improvements according to the application and proposal submitted to the Business Improvement Committee. Furthermore, I certify that I have received a copy of the application and proposal from the applicant and am fully aware of what is being proposed. I also certify that I am the legal owner of record and that I have the authority to grant this permission to (Applicant Name)-  
\_\_\_\_\_.

Sincerely,

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT FOR  
Business Improvement Program**

We the undersigned hereby state there is no pending litigation against the City of Dearborn Heights by me, my company or any other instance in which I am directly involved.

If a grant is awarded, activities as proposed shall be completed as outlined.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

STATE OF MICHIGAN    )  
                                  ) ss.  
COUNTY OF \_\_\_\_\_)

Acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

Notary's Stamp  
  
\_\_\_\_\_

Notary's Signature  
\_\_\_\_\_  
Name: \_\_\_\_\_  
\_\_\_\_\_ County, Michigan  
Acting in \_\_\_\_\_ County, Michigan  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner (if other than applicant)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

STATE OF MICHIGAN    )  
                                          ) ss.  
COUNTY OF \_\_\_\_\_)

Acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_,  
to me known to be the person described in and who executed the foregoing instrument, and acknowledged that  
he/she executed the same as his/her free act and deed.

Notary's Stamp

Notary's Signature

\_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_  
\_\_\_\_\_ County, Michigan  
Acting in \_\_\_\_\_ County, Michigan  
My commission expires: \_\_\_\_\_

## REQUEST FOR REPAYMENT

Date: \_\_\_\_\_  
Dearborn Heights TIFA Office  
25637 Michigan Avenue  
Dearborn Heights, MI 48125

RE: Request for Repayment

ATTN: Carmine Oliverio, TIFA Administrator

I am writing to inform you that all work relating to the Business Improvement Program has been completed on the property at \_\_\_\_\_ (address of property), under the terms of the City of Dearborn Heights Business Improvement Program. The following documentation is provided as evidence of project completion as required by the Business Improvement Program:

- Proof that the project has passed final inspection
- Photos of the completed project
- Proof all contractors have been paid in full by the applicant for the portions or parts of the project the applicant is seeking reimbursement for, and no liens exist. This proof shall be a final invoice marked "paid in full", or a copy of check made payable to the contractor(s).
- A waiver of lien signed by each contractor who has completed work.

Please reimburse in the amount of \_\_\_\_\_ (Amount to be reimbursed) and make checks payable to \_\_\_\_\_ (Applicants Name).

Sincerely,

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_