

LAS VEGAS MEDICAL DISTRICT

# Targeted-Industry Program



# LAS VEGAS MEDICAL DISTRICT TARGETED INDUSTRY PROGRAM HANDBOOK

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## PROGRAM SUMMARY

The Medical District Targeted Industry Program (MD-TIP) is intended to provide a property owner and/or business owner financial assistance for undertaking the interior and exterior rehabilitation, renovation and/or expansion of commercial or industrial properties for designated targeted industries relocating or expanding in specific areas of the Las Vegas Medical District (LVMD.) The program rebates expenses — up to a maximum of \$50,000 — of a project's renovation / conversion / expansion costs for qualifying industries in the designated areas.

## Program Objectives

- Attract targeted industries to the LVMD
- Encourage the rehabilitation of older commercial and industrial buildings
- Assist in bringing properties up to current building and fire code standards
- Serve as a catalyst for improvements to other nearby properties
- Enhance the physical appearance of the area
- Improve the overall economic viability of the city of Las Vegas
- Eliminate blight in the Las Vegas Redevelopment Areas

## ELIGIBILITY

- Program is limited to projects located in specified areas within the LVMD **and** one of the city of Las Vegas Redevelopment Areas (RDA 1 & 2) as shown on the attached map. (See page G.)
- Only targeted industries, as determined by the LVMD Advisory Council, will be considered for the program:

## Targeted Industries

- o Hospice
- o Medical Incubators
- o Research and Development Biotech
- o Climate-controlled Storage for Medical Uses (Non-mini Storage)
- o Full service and limited service restaurants; NOTE: fast food, delivery or take-out only concepts are NOT eligible
- o Grocery store or small urban-style grocery store; NOTE: mini-marts and convenience stores are NOT eligible
- o Non-gaming Hotel
- o Meeting Space
- o Fitness & Recreation
- o Courier/Messenger Services
- o Employment Services
- o Individual/Family Services (Health & Life Guidance / Counseling)
- o Child Daycare (24/7)
- o Post-Secondary Education/Technical Training
- o Other Educational Services, such as K-12



## MATCHING CONTRIBUTION

The matching funds for the MD-TIP are provided by the Las Vegas Redevelopment Agency (RDA.) The RDA will reimburse 50 percent of qualified improvement costs up to a cap of \$50,000 upon project completion. The RDA requires that the applicant's matching cash contribution, as evidenced by paid invoices, cancelled checks and lien release, be spent first before reimbursement.

To receive the full reimbursement of \$50,000, the applicant's approved project costs must equal or exceed \$100,000 and fulfill location and industry specifications. Smaller projects will be reimbursed proportionally. The matching contribution will apply as follows:

- Maximum \$50,000 for targeted industries in the LVMD/RDA core area (see map on page G); applicant must invest a minimum of \$100,000 in qualified improvements to receive the maximum reimbursement
- Maximum \$25,000 for targeted industries in the LVMD/RDA secondary area (see map on page G); applicant must invest a minimum of \$50,000 in qualified improvements to receive the maximum reimbursement

Funds are available on a first-come, first-served basis based on the performance schedule outlined in this program manual. The RDA has agreed to budget a certain amount of funds for this program, which may be amended from time to time. Once all budgeted funds for the fiscal year are expended, no further funds may be awarded or applications accepted. Projects will NOT be wait-listed.

The property owner and/or business owner will be required to enter into a MEDICAL DISTRICT TARGETED INDUSTRY INCENTIVE AGREEMENT which will set forth the terms and conditions of the program.



## PROJECT REQUIREMENTS

- Project eligibility is limited to targeted businesses locating to or expanding within the designated area
- Property must be free of all mechanics liens at time of application
- Work must result in significant improvement to a commercial, industrial or mixed-use building consisting of one or more of the following:
  - o Rehabilitating a vacant building or tenant space, to open a targeted business
  - o Renovations to address code compliance issues affecting the economic viability of the proposed project
  - o Expansion which increases a business' square footage by 50 percent or more
  - o Expansion creates new employment by a minimum of 25 percent from current level
- Zoned for commercial, industrial or mixed-use operations, as applicable under the current city of Las Vegas zoning codes
- Can be combined with other city of Las Vegas or RDA programs but the project cannot receive more than \$95,000 from combined grants or fee waivers.
- Eligible investments of city of Las Vegas fees and code compliance are qualified improvement costs for this program, including but not limited to:
  - o Occupancy Investigation/Sewer Fixture Count Permit Fee
  - o Pre-Review Building & Safety Meeting Fee
  - o Land-Use Entitlement Application Fee
  - o Building & Safety/Fire Prevention Permit and Plan Check Fee
  - o Off-site/Civil Improvement Fee
  - o Expedited/Express Plan Review Fee
  - o Architectural, Structural, MP&E Upgrades
  - o ANSI/ADA Accessibility Upgrades
  - o Fire Prevention Upgrades
  - o Utility Upgrades
  - o Infrastructure Upgrades
  - o New flooring
  - o New fixtures
  - o Period-appropriate fixtures
  - o Costs of relocating/removing walls
  - o New plumbing
  - o Painting

### INELIGIBLE USES include but are not limited to:

- o Non-city of Las Vegas license/permit fees
- o Working capital
- o Property purchase
- o Equipment or inventory acquisition
- o Soft costs such as consulting, professional, financing, marketing or legal fees
- o New appliances
- o Furnishings





## APPLICANT REQUIREMENTS:

- Complete all required forms in their entirety
- Include three project bids for all work or justify why a single bid is being submitted
- The final selection of a contractor is the sole responsibility of the participating business. As such, the RDA shall offer no warranty on work performed. The applicant should obtain any desired warranty information from the contractor in writing.
- Applicant must invest at least \$2-to-\$1 matching cash to the RDA's allocated funds to demonstrate applicant has a vested financial interest in the completion of improvements
- Property owner of the project is committed to maintaining and sustaining the property at the project location for no less than five years
- Project possesses positive economic attributes that will provide and increase economic activity around the surrounding neighborhood
- Comply with Developer/Contractor Award Phase and Construction Phase of the city of Las Vegas Redevelopment Agency Employment Plan Policy, revised June 18, 2014. (The Las Vegas Redevelopment Agency Employment Plan Policy and template are located at [www.lvrda.org](http://www.lvrda.org).)
- No corporate or personal bankruptcy proceedings within the past five years
- Property taxes must be current
- No past-due bills or debts to the city of Las Vegas or the RDA
- Applicant must not have any current bankruptcy proceedings, or past bankruptcy proceedings, whether corporate or personal, within the past five years
- Cannot apply for additional funds from the city of Las Vegas or the RDA within the same city of Las Vegas fiscal year (July 1 through June 30)
- Have no other reasonable means of financing the project without benefit of the MD-TIP funds, defined by one or more of the following:
  - o New business locating, or existing business expanding in the designated area because of grant assistance. (Requires letter/statement from business owner.)
  - o City of Las Vegas ordinance is currently too costly for business to comply.
  - o Lack of area rehabilitation where it would be unreasonable to invest in improvements unless grant is provided. (Evidenced by photos of immediate surrounding area displaying slums and/or blight.)
  - o Improvements to property/business do not have a direct effect on revenues, therefore they are not deemed acceptable by a customary financial institution. (Evidenced by a denial letter.) Supply copy of property owner's deed.
- Provide tenant list with qualifying businesses holding at least five year leases, *if landlord*
- Supply lease with at least five years occupancy remaining, *if a tenant*.
- Supply copy of or obtain city of Las Vegas business license.
- Provide signed and notarized copy of "Real Property Owner Consent" form, *if tenant*.
- Make brief presentation at a Las Vegas Redevelopment Agency Board/City Council meeting. It is preferable that the owner attends, but a knowledgeable owner's representative may also make the presentation, as well as accompany an owner.
- **Receive approval of the Governing Board of the RDA before beginning work.** Any work started prior to this approval will be the applicant's responsibility.
- Complete all improvements within 240 days of the RDA's approval.



- Submit all paid invoices, cancelled checks, lien releases and photos of completed project, prior to receiving matching contribution. *(The RDA reserves the right to refuse payment for any change orders not authorized prior to construction commencement.)*
- Provide high-resolution before and after jpeg photos of improvements.

**The RDA will place against title to the Project at the completion of the Project both (i) a restrictive covenant for a period of five years to ensure that the building and its improvements are used as a Targeted Industry and not demolished and (ii) a maintenance agreement ensuring that the Project is maintained in good condition and repair. The property owner and/or business owner will have the option to repurchase the restrictive covenant from the RDA during the five-year period.**

## **TIME FRAME**

- Application process takes approximately 60 calendar days **once all necessary documents and materials are received from the applicant.**
- All projects receiving MD-TIP funds must be completed within 240 calendar days of the date the application is approved by Las Vegas City Council (acting as the Las Vegas Redevelopment Agency Board of Directors). Projects not completed within the specified 240 days forfeit all approved and allocated MD-TIP funds.
- Reimbursement of funds takes approximately 30-45 calendar days once copies of all invoices, cancelled checks, lien releases and high-resolution jpeg photos of completed project, are received.
- Payment for funds under \$25,000 shall be made in accordance with the RDA's Direct Payment Request Policy, No. FN206.

## **APPROVAL PROCESS**

Applications will be reviewed based on the criteria listed herein and in the order which they are received.

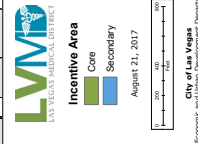
- Approval will be based on the following:
  - o Condition of the existing structure or property
  - o Value of the completed improvement
  - o Number of jobs created or retained
  - o Amount of matching funds contributed by applicant
  - o Compliance with city of Las Vegas development and construction requirements
  - o Potential to stabilize or increase economic activity within the surrounding neighborhood
  - o Current and future tenant mix, if applicable
  - o Quality of proposed design
  - o Significant property improvement
  - o Demonstrated ability to meet program goals and complete project
- Applicant's participation in this program and approval of any MD-TIP monies is at the sole discretion of the Redevelopment Agency Board.
- RDA shall have the ultimate authority to accept or reject each application, and have complete authority to decide whether requested work is eligible for this program.
- RDA shall be obligated to commit funds only after an MD-TIP agreement with the applicant is approved by the Las Vegas City Council acting as the Board of Directors for the city of Las Vegas Redevelopment Agency.
- Any action taken by the RDA is final. There is no appeal process for applications which are not approved by the RDA.



**PROJECT COMPLETION**

- Site inspection with Economic and Urban Development (EUD) staff
  - Submit copies of paid invoices with corresponding copies of cancelled checks and notice of lien release from all contractors
  - Business license issued
  - High-resolution jpeg photos of completed project
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## APPLICATION CHECKLIST:

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All information included in this checklist must be submitted to the Redevelopment Agency before the process can begin.

- ☐ All documents signed by person certified as one of company's principals on the following pages: 4, 7, 9, 11 & 12
- ☐ List of proposed improvements with estimated project costs (page 4)
- ☐ Notarized & signed **Disclosure of Ownership/Principals – Real Property** (pages 6 & 7) (*Landlord completes*)  
AND Notarized & signed **Disclosure of Ownership/Principals – Business** (pages 8 & 9)
- ☐ Notarized & signed **Participant Affidavit and Employment Plan** (pages 10 & 11)
- ☐ Notarized & signed **Real Property Owner Consent** (page 12) (*Landlord completes*)
- ☐ Copy of current **city of Las Vegas** business license (for property owner and tenant)
- ☐ Copy of property owner's deed
- ☐ Lease with at least five years occupancy remaining, if a tenant
- ☐ Landlord's current tenant list or leasing plan, if applicable
- ☐ Completed W-9 form
- ☐ High-quality "before" images of property from all sides/angles \*
- ☐ High-quality images of renderings of proposed project \*
- ☐ Three contractor bids for all work being done or justification for why only one bid submitted

\* Please send three to four separate high-resolution jpegs of "before" photos and also 3-4 separate high-resolution jpegs of your "after" renderings. These are needed for the PowerPoint presentation we will put together for you when you make your presentation to the RDA Board/City Council.



## MD-TIP APPLICATION: TENANT APPLYING

(Must also complete pages 2-12)

### APPLICANT'S OWNER INFORMATION:

Applicant's Corporate Name (company name as listed on city of Las Vegas business license):

Corporate Officer Name and Title: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

Project/Property Address: \_\_\_\_\_

Assessor Parcel Number(s): \_\_\_\_\_

Size of Building/Project (square footage, # of levels, # of seats): \_\_\_\_\_

What classification is property zoned for? \_\_\_\_\_

Applicant's **city of Las Vegas Business** License Number: \_\_\_\_\_

Federal Tax ID Number or Social Security Number: \_\_\_\_\_

Applicant's Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Property Lease Expiration Date: \_\_\_\_\_ Option to Extend: Yes / No How long: \_\_\_\_\_ years

Property Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Contract \_\_\_\_\_

Estimated Number of Employees (Post Project Completion): Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Contract \_\_\_\_\_

Estimated Number of Construction Workers for Project: \_\_\_\_\_

Current and/or Projected Wages for Employees: (please attach additional sheet if necessary)

Job Title	Salary Range \$	
		(annual/hourly)
		(annual/hourly)
		(annual/hourly)

Property Owner Information: \_\_\_\_\_

Owner's Corporate Name (company name as listed on city of Las Vegas business license):

Owner's Officer Name and Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Additional Businesses at Project Address	City Business License #



LAS VEGAS MEDICAL DISTRICT

## MD-TIP APPLICATION: PROPERTY OWNER APPLYING

(Must also complete pages 2-12)

### APPLICANT'S OWNER INFORMATION:

Owner's Corporate Name (company name as listed on city of Las Vegas business license): \_\_\_\_\_

Corporate Officer Name and Title: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

Project/Property Address: \_\_\_\_\_

Assessor Parcel Number(s): \_\_\_\_\_

Size of Building/Project (square footage, # of levels, # of seats): \_\_\_\_\_

What classification is property zoned for? \_\_\_\_\_

Additional Businesses at Project Address	City Business License #

Owner's city of Las Vegas Business License Number: \_\_\_\_\_

Federal Tax ID Number or Social Security Number: \_\_\_\_\_

Owner's Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Current Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Contract \_\_\_\_\_

Estimated Number of Employees (Post Project Completion): Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Contract \_\_\_\_\_

Estimated Number of Construction Workers for Project: \_\_\_\_\_

Current and/or Projected Wages for Employees: (please attach additional sheet if necessary) \_\_\_\_\_

Job Title:	Salary Range \$	
		(annual/hourly)
		(annual/hourly)
		(annual/hourly)



## MD-TIP APPLICATION

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List and describe each of the proposed exterior, interior and/or expansion improvements:

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Describe the extent to which the existing building or on-site conditions are dilapidated:

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## MD-TIP APPLICATION

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Describe how you plan to leverage MD-TIP funds with other contributed funds:

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Describe how you intend to maintain the improvements through their useful life:

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## ESTIMATED BUDGET FOR IMPROVEMENTS

Use of Funds (Activity)	Source of Funds	Estimated Cost
<b>Total Budget</b>		<b>\$</b>

Project Funded with: \_\_\_\_\_ Owner Equity \_\_\_\_\_ Bank Financing \_\_\_\_\_  
 Investors \_\_\_\_\_ Other ( \_\_\_\_\_ ) (Must equal 100%)

### EXECUTION OF APPLICATION

The applicant acknowledges that the Redevelopment Agency will not pay for work begun prior to approval of the MD-TIP grant application and corresponding MD-TIP Agreement by the Las Vegas City Council, acting as the Redevelopment Agency Board. Any work started prior to this approval will be the applicant's responsibility. Furthermore, applicant acknowledges that the identified project must be completed within 240 days of the original approval date; if said project is not completed within 240 days, all funds approved and allocated for said project will be forfeited by applicant and the corresponding MD-TIP agreement terminated. Applicant also acknowledges that it must expend its full matching contribution prior to any reimbursement of MD-TIP grant funds.

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

Date: \_\_\_\_\_

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

Title: \_\_\_\_\_



LAS VEGAS MEDICAL DISTRICT

# MD-TIP DISCLOSURE OF OWNERSHIP/PRINCIPALS

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## Details About Completing “Disclosure of Ownership/Principals” Forms that Follow

### DEFINITIONS

- “City” means the city of Las Vegas.
- “City Council” means the governing body of the city of Las Vegas.
- “Contracting Entity” means the individual, partnership or corporation seeking to enter into a contract or agreement with the city of Las Vegas.
- “Principal” means individual or entity holding more than one percent interest.
- For each type of business organization:
  - a. *Sole Proprietorship*: Owner of business
  - b. *Corporation*: Directors and officers of corporation, but not any branch managers of offices which are a part of the corporation
  - c. *Partnership*: General and limited partners
  - d. *Limited liability company*: Managing member as well as all other members
- For each type of real property interest:
  - (a) *Estate in Severalty*: Sole ownership by one individual or entity
  - (b) *Tenancy in Common*: Multiple owners without right of survivorship
  - (c) *Joint Tenancy*: Multiple owners with right of survivorship

### POLICY

In accordance with resolutions 79-99 and 105-99 adopted by the City Council, Contracting Entities seeking to enter into certain contracts or agreements with the city of Las Vegas must disclose information regarding ownership interests and principals. Such disclosure generally is required in conjunction with a Request for Proposals (RFP). In other cases, such disclosure must be made prior to the execution of a contract or agreement.

### INSTRUCTIONS

The disclosure required by the resolutions referenced above shall be made through the completion and execution of the “Disclosure of Owners/Principals” certificate. (See next page.) The Contracting Entity shall complete Block 1, Block 2 and Block 3. The Contracting Entity shall complete either Block 4 or its alternate in Block 5. An officer or other official authorized to contractually bind the Contracting Entity shall sign and date the Certificate, and such signing shall be notarized.

### INCORPORATION

This certificate shall be incorporated into the resulting contract or agreement, if any, between the city of Las Vegas and the Contracting Entity. Upon execution of such contract or agreement, the Contracting Entity is under a continuing obligation to notify the city of Las Vegas in writing of any material changes to the information in this disclosure. This notification shall be made within 15 days of the change. Failure to notify the city of Las Vegas of any material change may result, at the option of the city of Las Vegas, in a default termination (in whole or in part) of the contract or agreement, and/or a withholding of payments due the Contracting Entity.



## MD-TIP DISCLOSURE OF OWNERSHIP/PRINCIPALS – REAL PROPERTY

### MD-TIP CONTRACTING ENTITY INFORMATION

Corporate Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Tax ID or Social Security Number: \_\_\_\_\_

### OWNERSHIP INTEREST

Estate in Severalty \_\_\_\_\_ Tenancy in Common \_\_\_\_\_

Joint Tenancy \_\_\_\_\_

### DISCLOSURE OF OWNERSHIP/PRINCIPALS:

In the space below, the Contracting Entity must disclose all **persons/individuals** holding more than one percent ownership interest in the real property.

Full Name & Title	Business Address	Business Phone

### ADDITIONAL OWNERSHIP/PRINCIPALS

The Contracting Entity shall continue the above list on a sheet of paper entitled “Disclosure of Principals – Continuation” until full and complete disclosure is made. If continuation sheets are attached, please indicate the *number of sheets*: \_\_\_\_\_



LAS VEGAS MEDICAL DISTRICT

## MD-TIP DISCLOSURE OF OWNERSHIP/PRINCIPALS – REAL PROPERTY

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### ALTERNATIVE DISCLOSURE OF OWNERSHIP/PRINCIPAL

If the Contracting Entity, or its principals or partners, are required to provide disclosure (of persons or entities holding an ownership interest) under federal law (such as disclosure required by the Securities and Exchange Commission or the Employee Retirement Income Act), a copy of such disclosure may be attached to this certificate in lieu of providing the information set forth on the previous page. A description of such disclosure documents must be included below.

Name of Attached Document: \_\_\_\_\_

Date of Attached Document: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

### CERTIFICATION OF DISCLOSURE OF OWNERSHIP/PRINCIPAL - REAL PROPERTY

I certify, under penalty of perjury, that all the information provided in this certificate is current, complete and accurate.

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

Date: \_\_\_\_\_

State of Nevada  
County of Clark

This instrument was acknowledged before me on

\_\_\_\_\_ (date) by

\_\_\_\_\_ (name of person)

\_\_\_\_\_  
Notary Public



LAS VEGAS MEDICAL DISTRICT

## MD-TIP DISCLOSURE OF OWNERSHIP/PRINCIPALS – BUSINESS

### MD-TIP CONTRACTING ENTITY INFORMATION

Corporate Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Tax ID or Social Security Number: \_\_\_\_\_

### TYPE OF BUSINESS

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Liability Company \_\_\_\_\_ Corporation \_\_\_\_\_

### DISCLOSURE OF OWNERSHIP/PRINCIPALS:

In the space below, the Contracting Entity must disclose all **persons/individuals** holding more than one percent ownership interest in the real property.

Full Name & Title	Business Address	Business Phone

### ADDITIONAL OWNERSHIP/PRINCIPALS

The Contracting Entity shall continue the above list on a sheet of paper entitled “Disclosure of Principals – Continuation” until full and complete disclosure is made. If continuation sheets are attached, please indicate the *number of sheets*: \_\_\_\_\_





## MD-TIP DISCLOSURE OF OWNERSHIP/PRINCIPALS – BUSINESS

### ALTERNATIVE DISCLOSURE OF OWNERSHIP/PRINCIPAL

If the Contracting Entity, or its principals or partners, are required to provide disclosure (of persons or entities holding an ownership interest) under federal law (such as disclosure required by the Securities and Exchange Commission or the Employee Retirement Income Act), a copy of such disclosure may be attached to this certificate in lieu of providing the information set forth on the previous page. A description of such disclosure documents must be included below.

Name of Attached Document: \_\_\_\_\_

Date of Attached Document: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

### CERTIFICATION OF DISCLOSURE OF OWNERSHIP/PRINCIPAL – REAL PROPERTY

I certify, under penalty of perjury, that all the information provided in this certificate is current, complete and accurate.

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

Date: \_\_\_\_\_

State of Nevada  
County of Clark

This instrument was acknowledged before me on

\_\_\_\_\_ (date) by

\_\_\_\_\_ (name of person)

\_\_\_\_\_  
Notary Public



LAS VEGAS MEDICAL DISTRICT

# MD-TIP PARTICIPANT AFFIDAVIT & EMPLOYMENT PLAN

STATE OF NEVADA                    }  
   }ss  
 COUNTY OF CLARK                }

I, \_\_\_\_\_, being first duly sworn, depose and state under penalty of perjury as follows:

1. I am a corporate officer, managing member, or sole proprietor of the \_\_\_\_\_, a company duly organized in the State of Nevada as a \_\_\_\_\_, (Corporation/LLC/Sole Proprietorship). The Participant is seeking the assistance of the city of Las Vegas Redevelopment Agency ("RDA") for making improvements to the property at \_\_\_\_\_ ("Site"), as more particularly described by the MD-TIP agreement ("Agreement") being contemplated by the city of Las Vegas Redevelopment Agency.
2. I hereby warrant that I either own the site, or have a leasehold interest in the site for a minimum of five years subsequent to the effective date of this agreement.
3. Assistance from the RDA will allow me to make improvements to the site which I could not otherwise do. This will result in substantial benefit to the Redevelopment Plan Area and the neighborhood adjacent to the Site because of one or more of the following reasons (check one or more):
  - a. Encourage the creation of new business or other appropriate development; ☐
  - b. Create jobs or other business opportunities for nearby residents; ☐
  - c. Increase local revenues from desirable sources; ☐
  - d. Increase levels of human activity in the redevelopment area or the immediate neighborhood in which the redevelopment area is located; ☐
  - e. Possess attributes that are unique, either as to type of use or level of quality and design; ☐
  - f. Require for their construction, installation or operation the use of qualified and trained labor; ☐ and
  - g. Demonstrate greater social or financial benefits to the community than would a similar set of buildings, facilities, structures or other improvements not paid for by the agency. ☐
4. No other reasonable means of financing those buildings, facilities, structures or other improvements are available, because of one or more of the following reason(s) as checked by the Participant:
  - a. An inducement for new businesses to locate, or existing businesses to remain within, the redevelopment area in which the business would ordinarily choose to locate outside the redevelopment area if the grant were not provided. Evidenced by a "but for" letter or statement from the business owner; ☐ or
  - b. There is a public objective and/or requirement that is more stringent and/or costly to undertake than a business would ordinarily embark upon. Evidenced by state or city ordinance; ☐ or
  - c. There has been a lack of rehabilitation in the area and it is deemed unreasonable for the business to invest in improving the area unless the grant is provided. Evidenced by photographs of the immediate surrounding area displaying the slum and blight; ☐ or
  - d. The exterior improvements to the property or business do not have a direct effect on revenues therefore, making such an investment is not deemed acceptable by a customary financial institution. Evidenced by a denial letter from a financial institution. ☐



Participant agrees to submit to the RDA its documentation which evidences that no reasonable means of financing are available to the Participant.

5. Participant hereby warrants the following:

- a. The property on which the project is situated is free of all Mechanics' Liens at the time of application \_\_\_\_\_(initial) Landlord must verify
- b. The applicant has no current bankruptcy proceedings, or past bankruptcy proceedings, whether corporate or personal, within the past five years. \_\_\_\_\_(initial)
- c. The applicant has no past-due federal, state, county or city of Las Vegas tax bills at the time of application. \_\_\_\_\_(initial)
- d. The applicant has no past-due bills or debts payable to the city of Las Vegas or the Redevelopment Agency. \_\_\_\_\_(initial)

6. Participant hereby acknowledges that existing opportunities for employment within the surrounding neighborhood of the redevelopment project are limited for neighborhood residents. Most residents must travel outside the neighborhood to find employment opportunities outside the redevelopment area, via public transportation or personal vehicles. Of the existing businesses within the neighborhood, many are family-owned and have been in business for a long time. These existing businesses are not in an expansion mode and are not likely to employ neighborhood residents.
7. Furthermore, the project will help facilitate the continued expansion of employment opportunities by setting an example to other property/business owners to renovate their property/business and help create more employment opportunities through an expansion of business and renovation of vacant storefronts. The Project will allow neighborhood residents to apply for those positions (when available) for which they are qualified for as an employment opportunity. Appropriate measures will be taken to ensure that the neighborhood is aware of any job opportunities available from the business.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

SIGNED AND SWORN TO before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

NOTARY PUBLIC

My Commission Expires:



LAS VEGAS MEDICAL DISTRICT

## MD-TIP PARTICIPANT REAL PROPERTY OWNER CONSENT

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STATE OF NEVADA                    }  
   } ss  
 COUNTY OF CLARK                }

I, \_\_\_\_\_, owner and/or authorized representative of APN# \_\_\_\_\_ also commonly known as \_\_\_\_\_, hereby consent to the proposed improvements on the above-listed property and consent to the participation in the Medical District - Targeted Industry Program, which are to be undertaken by \_\_\_\_\_, the tenant and/or business owner.

I also, hereby agree to and understand that in conjunction with participation in the Medical District Targeted Industry Program, the city of Las Vegas will record a restrictive covenant to the above-listed property, at the completion of the pre-qualified improvements. The documents will be recorded in the Office of the County Recorder of Clark County, Nevada Records for a period of five years. The property owner and/ or business owner will have the option to repurchase the façade easement and building maintenance agreement from the agency during the five-year period.

DATED this \_\_\_\_\_ day \_\_\_\_\_ of \_\_\_\_\_

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

SIGNED AND SWORN TO before me

This day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

NOTARY PUBLIC  
 My Commission Expires:



LAS VEGAS MEDICAL DISTRICT

# Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.																					
	2 Business name/disregarded entity name, if different from above																					
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <table border="0"><tr><td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td><td><input type="checkbox"/> C Corporation</td><td><input type="checkbox"/> S Corporation</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Trust/estate</td></tr><tr><td colspan="5"><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____</td></tr><tr><td colspan="5"><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</td></tr><tr><td colspan="5"><input type="checkbox"/> Other (see instructions) ▶ _____</td></tr></table>	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____					<b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.					<input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate																	
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<input type="checkbox"/> Other (see instructions) ▶ _____																						
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)																					
6 City, state, and ZIP code																						
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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



## NOTES:

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