The Security Rebate Program (the “Program”) is offered through the West Town Special Service Area (“SSA 29”), a special taxing district administered by the West Town Chicago Chamber of Commerce (the “Chamber”), whose overall purpose is to:

*Maintain and improve the shopping, dining and nightlife within the SSA boundary by providing a cleaner, safer and more attractive commercial environment for consumers, residents and business owners.*

To this end, the Security Rebate Program is designed to help property owners and tenants within SSA 29 improve the safety of their building and business, as well as the public spaces surrounding them.

**REBATE AMOUNT**

Applicants that meet all Program requirements may receive a grant to cover 75% of project costs up to $3,000.

**SSA SERVICE AREA BOUNDARIES**

The Program is only open to properties located within the West Town SSA boundaries:

- Chicago Ave. (Halsted Western)
- Damen Ave. (Chicago to Huron)
- Ashland Ave. (Chicago to Division)
- Milwaukee Ave. (Erie to Augusta [both sides] and Augusta to Division [East side only])
- Division St. (Milwaukee to the Kennedy Expressway [South side only])
- Ogden Ave. (Fry to the Kennedy Expressway)
APPLICATION CHECKLIST

To apply for funds through the Program, applicants must complete and submit the attached application via email to ssa29@westtownchamber.org or mail to:

West Town SSA 29-2014
℅ West Town Chamber of Commerce
1819 W Chicago Ave.
Chicago, IL 60622

Applications are not considered complete unless the following is included:

- Photographs of the existing and proposed project site
- Detailed plans and specifications for the proposed project
- Owners written consent, if applicable
- Detailed estimates for the proposed project
  - At least two estimates
  - Specify preferred contractor and/or manufacturer of security equipment.
  - If the applicant plans to do their own installation, the applicant must submit one outside estimate(s) in addition to their own estimate.
- The attached Summary of Total Project Costs

Incomplete applications will not be considered. The SSA Commission may request additional information and documentation.

ELIGIBILITY

Applicants:

1. The space must be located within the SSA 29 boundaries.
2. The building must be owner occupied, or the tenant must have written consent from the owner of the property.
3. Preference shall be given to:
   a. Applicants who show a need for funding assistance in order to complete the project.
   b. Project spaces that have not previously participated in the Security Rebate Program.

Examples of Eligible Projects:

1. Security Cameras
2. Security Systems
3. Security Windows / Anti-smash glass film
4. Alarm System
5. Exterior Lighting
6. Intercom / Buzzer Systems
7. Removal of Gates

**Example of Ineligible Projects:**

Projects completed prior to Program approval are ineligible for the Program.

**Requirements:**

1. At least one camera must face the public right-of-way. Cameras must have resolution of 1080p (2Mp) HD quality or higher.
2. Project funding includes installation of product and/or subscription costs up to 1 year of service but no ongoing maintenance or subscription costs over 1 year.
3. Equipment must remain on or in the building for at least 3 years.
   a. If equipment is removed within three years, the applicant cannot apply for rebate programs in the future.
   b. This does not apply if equipment is upgraded at the applicant’s expense.
   c. Applicants may apply for rebates to upgrade equipment after 3 years.

**PROCESS**

**Review:**

The SSA Commission will review each application as it is received and will review each proposed project to determine if it:

- Meets the required guidelines
- Will have a positive impact on the area’s safety
- Has a need for funding assistance
- Is not for a space that received approval earlier in the same funding cycle

Applicants will receive a response regarding the project’s eligibility within approximately six weeks of submission of the completed application. At that time, the applicant may be asked to clarify elements of the proposal.

**Implementation**

After the SSA Commission has approved a project, the applicant will be sent an Approval Letter.

The SSA Program Director will contact the applicant for status of the project to report back to the SSA Commission. Significant delays in the project will require a written explanation from the applicant, with a revised schedule.
Failure to provide updates, or failure to submit a request for an extension if or when needed, may result in the project being dropped from the Program and the applicant will no longer be eligible to receive reimbursement.

**Reimbursement**

Once the project is completed, the applicant should contact the SSA Program Director to arrange an inspection to verify that the work was done in compliance with Program guidelines and pre-approved plans. The inspection is limited to reviewing the work in connection with the Program only. It is the applicant’s responsibility to verify the adequacy of the work done. A failure to do so shall not relieve the applicant of any expenses or responsibilities resulting from such failure. Neither the SSA 29 Commission, the Chamber, nor any of its representatives have any liability or obligations to the applicant arising from such failure.

In addition, the applicant will submit copies of all paid invoices for the approved project and photographs of the completed work so the before and after pictures may be compared and made public. A reimbursement check will be sent to the applicant within six weeks of the inspection and submission of documents.
SSA 29
SECURITY REBATE APPLICATION

Application must be submitted 5 business days before SSA Commission meetings to be considered. Visit westtownchamber.org/special-service-area for meeting schedule.

Applications must be complete at time of submission.

APPLICANT NAME: ________________________________________________________________

BUSINESS NAME (if applicable): ___________________________________________________

PROJECT ADDRESS: ___________________________________________________________________________________

PHONE: ________________________     EMAIL: ___________________________________________

Applicant is (please mark all that apply):
Property Owner _______ Business Owner _______ Resident _______

If applicant is not the property owner, please supply property owner information:

OWNER NAME: ________________________________________________________________

OWNER ADDRESS: ___________________________________________________________________________________

PHONE: ________________________     EMAIL: ___________________________________________

PROJECT DESCRIPTION:

Attach photographs, plans, etc..
STATEMENT OF NEED:
Please describe why this proposed project and funding is necessary to your business and the community.

Has this property received any rebates through this or any other program before?
Yes _______ No _______ If yes, please describe:

STATEMENT OF UNDERSTANDING:
The applicant (undersigned) agrees to fully and timely comply with the guidelines and procedures of the West Town SSA29-2014 Security Rebate Program and the outlined specifications as agreed to by the applicant and the West Town SSA Commission. It is understood by the applicant that three cost estimates, copies of building permits, contracts, insurance, and invoices are required documentation, and that he/she has read the entire Façade Rebate Program Guidelines and Application and agrees to be fully bound by the terms and conditions. APPLICANT RELEASES AND AGREES TO DEFEND AND INDEMNIFY THE WEST TOWN CHICAGO CHAMBER OF COMMERCE (TOGETHER WITH THEIR OFFICERS, DIRECTORS, AND AGENTS), THE WEST TOWN SSA29-2014 COMMISSION, AND THE CITY OF CHICAGO FROM ALL CLAIMS AND CAUSES OF ACTION OF ANY KIND (KNOWN OR UNKNOWN) IN CONNECTION WITH THIS FAÇADE REBATE PROGRAM.

Applicant certifies that the information provided on this application is true and correct.

__________________________________________________________
Applicant Signature  Date

__________________________________________________________
Applicant Name (Please Print)
Statement of Ownership

I, ______________________________, certify that I am the owner of the property located at
______________________________________________________________________________________________________
STREET                                    CITY                                STATE                  ZIP
______________________________________________________________________________________________________

Owner Signature        Date

If the applicant is not the Property Owner, the following must also be completed by the Property Owner:

I, ______________________________, authorize the applicant to apply for reimbursement under the West Town SSA29-2014 Security Rebate Program and undertake the approved improvements.

Owner Signature        Date
### SUMMARY OF TOTAL PROJECT COSTS ATTACHMENT

**TOTAL BID COSTS:**

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<thead>
<tr>
<th>Bid</th>
<th>Description</th>
<th>Price</th>
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<td>BID #1</td>
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<td>BID #2</td>
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**MATERIAL & LABOR COSTS:**

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**TOTAL PROJECT COST** (preferred bidder) $____________________________