|  |  |
| --- | --- |
| Date: |       |
| Grant Applicant Name: |       |
| Email Address: |       | Phone Number: |       |
| Address of Property to be Improved: |      , Minneapolis MN       |
| \*Property Owner Name: |       | Phone Number: |       |
| \**If the Grant Applicant is NOT the property owner, then the owner must sign page 3 to approve the proposed improvements* |

|  |
| --- |
| **Minority & Women Owned Business Information (Optional)** |

Note: this information will not be used in determining eligibility nor will it be used to make funding decisions. It is for reporting purposes only.

|  |  |  |
| --- | --- | --- |
| Is the business at least fifty-one percent (51%) woman owned? | [ ]  Yes | [ ]  No |
| Is the business at least fifty-one percent (51%) minority owned?  | [ ]  Yes | [ ]  No |
| If the business is at least 51% minority-owned, please check the most appropriate description(s): |
| [ ]  American Indian or  Alaska Native | [ ]  Asian | [ ]  Black or African American |
| [ ]  Hispanic or Latino Origin | [ ]  Native Hawaiian or  Pacific Islander  | [ ]  Other:       |

|  |
| --- |
| **STEP 1 - Describe work/project(s)**  |

In a separate document attached to this sheet, describe the work/project(s) to be completed, and include a “**before” photographs**.

|  |
| --- |
| **STEP 2 - Submit two (2) written bids for all work/project(s)** |

* If the total project cost is more than $1,000, get two (2) written bids for all the work. Be sure that both bids are based on the same scope of work. For example, if your first bid is for tuckpointing, window replacement, and flashing, then the second bid must also be for tuckpointing, window replacement, and flashing. If a grant is approved, it will be based on the lower bid.
* If the total project cost is $1,000 or less or you are doing a mural, you only need one bid.
* Verify that contractors are licensed, bonded, and insured. If you have questions about licensing, call the City of Minneapolis at 311.
* If qualified to do so, you may perform the work, but grant funds cannot be used to compensate you for the purchase or rental of tools and equipment or for your labor or the labor of family, friends, employees, or others with a financial interest in the business or property. Grant funds can be used to pay for materials.
* Applicants are encouraged to solicit estimates from women and minority contractors.
* Summarize the bids in the boxbelow.
* **Grant amounts are based on the lower bid; however, you are free to accept the higher bid.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Brief Work Description** | **Contractor** | **Bid** | **Bonded & Insured?** |
| 1 |       | 1 |       | $       | [ ] Yes / [ ] No |
| 2 |       | $       | [ ] Yes / [ ] No |
| 2 |       | 1 |       | $       | [ ] Yes / [ ] No |
| 2 |       | $       | [ ] Yes / [ ] No |

|  |
| --- |
| **STEP 3 – Select contractor and estimate work dates** |

|  |  |
| --- | --- |
| Contractor Selected: |       |
| Approximate date work will begin: |       |
| Approximate date work will be complete: |       |

|  |
| --- |
| **STEP 4 - Review terms and conditions** |

The Grant Applicant will receive a Grant in the amount specified below pending Grant Applicant’s compliance with (1) the Great Streets Façade Improvement Program *Business Guidelines*, (2) the Great Streets *Façade Design Guide*, (3) this Agreement, and (4) available funding. Final determination of eligibility rests with the City of Minneapolis.

1. The Grant Applicant certifies that he/she is an owner of record of the property where the funds will be used to finance repairs and/or improvements; or where not the owner of record of the property, has obtained the Owner’s written authorization to cause the repairs or improvements to be made. **The property owner certifies that all property taxes are paid and up-to-date and will remain so throughout the entire project, until grant funds are disbursed.**
2. Work performed at the Property shall be as stated in the contractor(s) bid(s) obtained by the Grant Applicant or the materials list submitted with (or a subsequent part of) the application for the Grant.
3. Any contractor(s) who performs work at the Property must meet City of Minneapolis licensing, building permit, and building code requirements.
4. If the Grant Applicant is performing any work, the Grant Applicant understands that upon completion (1) all work must meet City of Minneapolis zoning code, building permit, and building/housing code requirements and (2) grant funds can **only** be used to compensate for materials, **not** for the purchase or rental of tools and equipment or the labor of the Grant Applicant, a relative, or someone with a financial interest in the business or property receiving the grant funds.
5. All improvements must be completed and reimbursement request documents provided to your Program Administrator **within nine (9) months** of the Grant Approval Date. The Grant applicant is responsible for ensuring that the work has been completed satisfactorily before paying the contractor(s).
6. The Grant funds will be disbursed to the Grant Applicant by your Program Administrator based upon the receipt and review of **items (a) through (c)** below. The Grantee must submit the following items to your Program Administrator upon completion of the work. **If more than one contractor** is used, there must be complete setsof the items listed below for eachcontract/contractor:
	1. **Proof of final inspection** by the City of Minneapolis for work requiring a city permit (send a copy of the permit signed off by the responsible City Inspector), for work NOT requiring a city permit, call Program Administrator (phone) to notify them work is complete.
	2. **Final** **invoice** from the contractor showing the total project cost.
	3. **Proof of payment** paid to contractor in one of the following two forms. You should be totally satisfied with the work before paying.

i. A **lien waiver** - a statement issued by the contractor that advises the client that they, the contractor, (a) have been paid in full for the total project cost, (b) are satisfied with the compensation for the work they performed, and (c) waive their right to place any liens on the property for the work completed. *(If there are significant material costs, we advise you to obtain a lien waiver from the materials supplier, advising that the contractor paid them in full.)* **OR**

* 1. A **cancelled check AND** a **signed receipt –** to be submitted if you only paid the matching funds (private match) portion of the contract and the contractor will wait for the final payment. You will needa copy of the actual cancelled check(s), returnedto you by the bank you used to pay the contractor. Both the front and back of the check must be copied and must be made payable to the contractor for a minimum of the *private match*. You will also need a properly executed receipt, signed by an authorized officer of the contracting firm that includes the contractor’s name, address, telephone number, and notation that a minimum of the *private match* was paid in full.
1. Grant reimbursement is based on funding availability. If the funds available to the overall program have been disbursed to other grant applicants before you submit your completed reimbursement request, you will not receive reimbursement.

|  |
| --- |
| **STEP 5 – Sign and date** |

**Sign and date below**, accepting the forgoing terms. ***A grant is not approved until this document is signed on page four (4) by your Program Administrator.***

**GRANT APPLICANT**

|  |  |
| --- | --- |
|  |  |
| By: |       |
| Its: |       |

*If the grant applicant is the property owner, go on to step 6.*

*If the Grant Applicant IS NOT the property owner, the property owner must sign below*

 *in front of a notary or a known second party witness.*

**PROPERTY OWNER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By

Its

**NOTARY**

STATE OF MINNESOTA )

 ) ss.

COUNTY OF HENNEPIN )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2010 by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on behalf of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 , Notary Public

or **WITNESS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Name

Its Façade Program Administrator

|  |
| --- |
| **STEP 6 - Deliver the application to:**  |
|  |  |
|  | Attn:       |
|  |       |
|       |
|       |
|       |

|  |
| --- |
| TO BE COMPLETED BY THE **PROGRAM ADMINISTRATOR** |

|  |  |
| --- | --- |
| Date Application Received: |       |
| Grant Amount: |       (herein referred to as “Grant”) |
| Private Match: |       (herein referred to as “Matching Funds”) |
| Total Project Cost: |       (Grant plus Matching Funds) |
| Grant Approval Date: |       |

**PROGRAM ADMINISTRATOR**

|  |  |
| --- | --- |
|  |  |
| By: |       |
| Its: | Façade Program Administrator |