

CITY OF ST. CHARLES BUSINESS IMPROVEMENT GRANT

Instructions and Forms for the Business Improvement Grant

This packet contains information and documents needed to apply for an award from the City of St. Charles Business Improvement Grant. Please read all documentation and forms carefully. Should you have any questions, please call the Economic Development Division at (630) 443-4093.

STEP BY STEP PROCESS

Apply for a Business Improvement Grant:

1. Review the Program Description (Attachment A) to determine if the improvements you are considering are eligible for a reimbursement award.
2. You will need to work with a design professional to prepare a construction plan showing the design of your improvements. The plans will be reviewed by the Community & Economic Development Department and Fire Department staff to ensure compliance with the requirements of the program and all applicable codes.
3. Call the Building & Code Enforcement Division at (630) 377-4406 to schedule a Chapter 34 Review.
4. Submit this application with any required building permit applications and your plans **with a \$25 application fee** to the Building & Code Enforcement Division, City of St. Charles, 2. East Main Street, St. Charles, IL 60174.

Downtown Award Agreement:

5. Staff will draft the Business Improvement Grant Agreement. The applicant must review and sign this agreement prior to final action by staff or the City Council.
6. If the requested award amount is in excess of \$10,000, the draft Agreement will be presented at a Planning & Development Committee meeting. We will notify you when your application will be reviewed by the Planning and Development Committee. You and/or your design professional should plan to attend this meeting.
7. The City Council will take final action on the Agreement. Normally, it is not necessary to attend this meeting.

Installation/Construction:

8. Construct the improvements per approved plans and call the Building & Code Enforcement Division to schedule required inspections.
9. Obtain a final JULIE location before commencing work.
10. Award recipients will hire their own contractors and pay for the work. Adequate soil preparation is required if the project involves any site work or grading.
11. Finish construction / installation.

12. When all work is completed, call the Building & Code Enforcement Division at (630) 377-4406 to schedule final inspection of any part of the project for which a permit was required.

Reimbursement:

13. Request reimbursement by submitting the following attached forms: Final Waiver of Lien, Contractor's Affidavit, Contractor's Sworn Statements to Owner (forms attached), IRS Form W-9, before and after photos, and proof of payment to contractors to the Economic Development Division.
14. Receive reimbursement check from City Finance Department.

Ongoing:

15. The Business Improvement Grant Agreement requires you to maintain the improvements for a five-year period.

**BUSINESS IMPROVEMENT GRANT
AWARD APPLICATION FORM**

1. Applicant Information:

Name: _____

Home Address: _____

Phone/email: _____

Name of Business: _____

Business Address: _____

Federal Tax ID Number: _____

(All awards are subject to Federal and State taxes, and are reported to the Internal Revenue Service on Form 1099 (W-9). You are required to provide your taxpayer ID number or social security number as part of the Business Improvement Grant. Property owners and tenants should consult their tax advisor for tax liability information.)

2. Property Information:

Address: _____

Property Identification Number: _____

3. Architect/Design Professional:

Name: _____

Address: _____

Phone/email: _____

4. Contractor(s):

Name: _____

Address: _____

Phone/email: _____

5. Scope of Project (Include the following with your submittal):

- A. Building Plans accurately drawn to scale, showing proposed improvements.
- B. Cost estimates for materials and labor. (There should be two cost estimates submitted, one for the estimated costs of all improvements to the building and one that highlights only the costs for eligible improvements).

4. Statement of Understanding:

- A. I agree to comply with the guidelines and procedures of the St. Charles Business Improvement Grant.
- C. I understand that I must submit detailed cost documentation, copies of bids, contracts, invoices, receipts and contractors' final waivers of lien upon completion of the approved improvements before any reimbursement payment will be authorized. "Before" and "After" pictures of the project must be submitted before funds will be released.
- D. I understand that work done before a Business Improvement Grant Agreement is approved by staff or the City Council is not eligible for an award.
- E. I understand that Business Improvement Grant reimbursement awards are subject to taxation and that the City is required to report the amount and the recipient of said awards to the Internal Revenue Service.

Signature of Applicant: _____

If the applicant is someone other than the owner of the property, the owner(s) must complete the following certificate:

I/We certify that I/we own the property identified on this application and that I/we hereby authorize the applicant to apply for a reimbursement award under the City of St. Charles Business Improvement Grant and undertake the approved improvements.

Signature of Owner(s): _____ Date: _____

FINAL WAIVER OF LIEN

STATE OF ILLINOIS)
)SS
COUNTY OF)

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by _____
to furnish _____
for the premises known as _____
of which _____ is the owner.

The undersigned, for and in consideration of _____

(\$ _____) Dollars, and other good and valuable consideration, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor services, material, fixtures, apparatus or machinery heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-describe premises.

Given under _____ hand _____ and seal _____

this _____ day of _____, 20____

Signature and Seal: _____

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS)
)SS
 COUNTY OF)
 TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he is _____
 _____ of the _____
 who is the contractor for the _____ work on the property
 located at _____
 owned by _____.

That the total amount of the contract including extras is \$ _____ on which he or she has received payment of
 \$ _____ prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that
 there is no claim either legal or equitable to defect the validity of said waivers. That the following are the names of all parties who have
 furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for
 material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor
 and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
TOTAL LABOR AND MATERIAL TO COMPLETE					

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to nay person for material, labor or
 other work of any kind done or to be done upon or in connection with said work other than above stated.

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 200_____.

 NOTARY PUBLIC

SWORN STATEMENT FOR CONTRACTOR AND SUBCONTRACTOR TO OWNER

STATE OF ILLINOIS)
) SS
 COUNTY OF)

The affiant, _____(name) being first sworn on oath, deposes that he is
 _____ (position) of _____ (name of firm)
 being the contractor for _____(owner of premises)
 to furnish labor and materials for work on the property located at _____ (address of
 premises) and performed _____
 _____,(describe improvements)

on said property. Affiant further deposes that the following persons have been contracted with, and have furnished, or are furnishing and preparing materials for, and have or are doing labor on said improvements; that there is due and to become due them respectively, the amount set opposite their name for materials or labor as described; and that this statement is a full, true and complete statement of all such persons, the amounts paid and the amounts due or to become due to each.

Name/Address	Kind of Work	Amount of Contract	Retention (Incl. Current)	Net Previously Paid	Net Amount This Payment	Balance to Complete

Amount of Original Contract \$ _____	Work Completed to Date \$ _____
Extras to Contract \$ _____	Less _____ % Retained \$ _____
Total Contract & Extras \$ _____	Net Amount Earned \$ _____
Credits to Contract \$ _____	Net Previously Paid \$ _____
Balance to Become Due \$ _____ (including Retention)	

I agree to furnish Waivers of Lien for all materials under my contract when demanded.

Signed _____ Position _____

Subscribed and sworn to before me this _____ day of _____, _____

_____ Notary Public

The above sworn statement should be obtained by the owner before each and every payment.