

CITY OF ST. CHARLES CORRIDOR IMPROVEMENT PROGRAM

Instructions and Forms for Corridor Grants

This packet contains information and documents needed to apply for a grant from the City of St. Charles Corridor Improvement Program. Please read all documentation and forms carefully. Should you have any questions, please call the Community & Economic Development Department at (630) 377-4443.

STEP BY STEP PROCESS

Apply for a reimbursement grant:

1. Review the Program Description to determine if the improvements you are considering are eligible for a reimbursement grant.
2. You will need to work with a landscape designer or landscape architect to prepare a plan showing the design of your improvements. The plan will be reviewed by City staff for both aesthetic and regulatory criteria.
3. Obtain a J.U.L.I.E. to locate and ensure that no utilities will be impacted by your proposed work.
4. Submit this application and your plans with a \$50 fee payable to the City of St. Charles, 2 E. Main St., St. Charles, IL 60174.
5. We will notify you when your application will be reviewed by the Planning & Development Committee. You or your landscape designer, or both, should plan to attend this meeting. The Planning & Development Committee regular meetings are on the second Monday of each month in the City Council Chambers at the Municipal Center, 2. E. Main Street.
6. The Committee will recommend approval, modification, or disapproval of the landscape design as well as the grant amount.

Corridor Grant Agreement:

7. Staff will draft the Corridor Grant Agreement. The applicant must review and sign this agreement prior to final action by the City Council.
8. The City Council will take final action on the Agreement. Normally, it is not necessary to attend this meeting.

Installation/Construction:

9. If any structural components are included with your plan, you must apply for a building permit through the Building & Code Enforcement Division.
10. Obtain a final JULIE location before commencing work.
11. Grant recipients will hire their own landscape contractor and pay for the work. Adequate soil preparation is required.
12. Finish construction / installation of plant material.
13. If applicable, call the Building & Code Enforcement Division at (630) 377-4406 to schedule a final inspection of any part of the project for which a permit was required.

14. Schedule a completion inspection by contacting Community & Economic Development Department at (630) 377-4443.

Reimbursement:

15. Request reimbursement by submitting Final Waiver of Lien, Contractor's Affidavit, and Contractor's Sworn Statements to Owner (forms attached), IRS Form W-9, before and after photos, etc. to the Community & Economic Development Department.
16. Receive reimbursement check from City Finance Office.

Ongoing:

17. The Corridor Improvement Agreement requires you to maintain the improvements for a five-year period.

**CORRIDOR IMPROVEMENT PROGRAM
CORRIDOR GRANT APPLICATION FORM**

1. Applicant Information:

Name: _____

Home Address: _____

Phone/email: _____

Name of Business: _____

Business Address: _____

Federal Tax ID Number: _____

(All grants 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 Corridor Grant Agreement. Property owners and tenants should consult their tax advisor for tax liability information.)

2. Property Information:

Address: _____

Property Identification Number: _____

3. Landscape Designer/Landscape Architect:

Name: _____

Address: _____

Phone/email: _____

4. Landscape Contractor: (if known)

Name: _____

Address: _____

Phone/email: _____

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

- A. Landscape Plan accurately drawn to scale, showing proposed improvements
- B. Cost estimate for materials and labor
- C. List of all plants and materials to be installed, including common name, scientific name, sizes, and quantities
- D. Type of Grant Applicant is Applying for:
Corridor Grant Downtown Grant Four Season Grant

4. Statement of Understanding:

- A. I agree to comply with the guidelines and procedures of the St. Charles Corridor Improvement Program.
- B. I agree to undertake appropriate soil preparation.
- 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 Corridor Grant Agreement is approved by the City Council is not eligible for a grant.
- E. I understand that Corridor Improvement reimbursement grants are subject to taxation and that the City is required to report the amount and the recipient of said grants 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 grant under the City of St. Charles Corridor Improvement Program 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.