



## 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: \_\_\_\_\_

## Checklist for Eligible Improvements & Reimbursements

\_\_\_\_\_  
[ADDRESS]

\_\_\_\_\_  
[APPLICANT NAME]

<b>Eligible Improvements</b>				
Improvement Item	Estimated Cost	Work Completed (Yes/No)	Money Spent per Final submittal	Amount Reimbursed
<b>Total of all eligible improvements</b>				
<b>Amount of anticipated grant at 50% of eligible cost of improvements</b>				

*Left two columns shall be completed by applicant at time of application submission. Remaining columns on right shall be completed by staff once materials have been submitted to request reimbursement.*



CITY OF  
ST. CHARLES  
ILLINOIS • 1834

BUSINESS IMPROVEMENT GRANT

Application Packet

Updated July 2021

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# REIMBURSEMENT MATERIALS

**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
<b>TOTAL LABOR AND MATERIAL TO COMPLETE</b>					

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.**