

## **FACADE GRANT REIMBURSEMENT REQUEST FORM**

Project Address: \_\_\_\_\_

Grant Recipient Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Upon completion of the work, the grant recipient must submit copies of all architect's invoices, contractor's statements, invoices, proof of payment, and notarized final lien waivers as evidence that the recipient has paid the architect and contractor(s). Use the attached forms for the contractor's statement and final lien waivers. Payment will be authorized upon completion of all work items as originally approved and receipt of all of the required documents.

### **Partial Reimbursement**

Reimbursement may be made in two payments, if all of the following conditions are present: 1) The first partial payment may be made upon completion of work representing at least fifty percent (50%) of the amount specified in the Facade Improvement Agreement; 2) The architect's invoices, contractor's statements, invoices, notarized final lien waivers and proof of payment for the completed work have been submitted; 3) The remaining work is expected to be delayed for thirty days or more following completion of the initial work due to weather, availability of materials, or other circumstances beyond the control of the grant recipient.

### **Reimbursement for Architectural Services**

Reimbursement for architectural services will be made at the same time reimbursement is made for improvements, and only if a Facade Improvement Agreement has been approved by the City Council. Architectural services may be reimbursed for:

- Concept Plans and cost estimates prepared before approval of a Facade Improvement Agreement.
- Architectural construction drawings and specifications for the improvement to the extent required by the St. Charles Building Code, prepared after City Council approval of a Facade Improvement Agreement.
- Construction supervision conducted after City Council approval of the Facade Improvement Agreement.

### **Reimbursement Request Checklist (Complete this section)**

- Full Reimbursement    *OR*     Partial Reimbursement
- A Final Inspection been completed by the Building Division (for project requiring a building permit)
- Attach the following items:
  - *Sworn Statement For Contractor and Subcontractor to Owner* (completed by Contractor only when Subcontractors are used and are paid by the Contractor, not the owner), completed original signed and notarized.
  - *Final Waiver of Lien and Contractor's Affidavit* for each contractor working on the project, completed original signed and notarized.
  - Proof of full payment to all contractors, in form of:
    - Copies of checks from the owner
    - Copies of invoices from the contractor showing full payment for the project

Upon review of the materials, the Planning Division will request a check be issued for reimbursement for the completed improvements. Check can either be:

- Mailed to address on W9 form                      *OR*                       Made available for pick up at City Hall

**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 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
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.**