



Toni Preckwinkle
President
Cook County Board of Commissioners

COOK COUNTY

Bureau of Economic Development
Community Development Block Grant Program
(CDBG)

2014 Program Year

Capital Improvement and Economic
Development Project Application

Applicant Municipality/Agency

Applicant's Name and Title

(Mayor, President, Supervisor, Chief Executive Officer, Executive Director)

Toni Preckwinkle, President
Cook County Board of Commissioners

Cook County Department of Planning and Development
69 West Washington, Suite 2900
Chicago, Illinois 60602

Michael Jasso, Director

February 2014



2014 CDBG Application Capital Improvement / Economic Development

APPLICATION CHECKLIST

The following attachments are required and **must** be submitted as part of this application, if applicable. Please place a check mark next to each item as appropriate.

- All required sections of the application are complete.
- Project map (see page 5)

Public Agency (Municipal/Township) (Form samples are attached.)

- Resolution and Certification of Resolution – (See Forms A-1/A-2 and A-3)
- Estimated Matching Funds Certification - Form B
- Maintenance of Effort and Project Sustainability - Form C
- Fair Housing Action Plan - Form D
- Audited Financial Statements (most current) - Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financials. If you do not have audited financials, you may submit other financial documents for consideration. Audited financials are preferred.
- Demolition Application, if applicable.

Non-Profit Agency (Form samples are attached.)

- Resolution and Certification of Resolution – (See Forms A-2 and A-3)
- Estimated Matching Funds Certification - Form B
- Maintenance of Effort and Project Sustainability - Form C
- List of Board of Directors
- Copy of 501(c)3
- Current Certificate of Good Standing (dated within the last 45 days)
- Certified Copy of Articles of Incorporation and Certified Copy of Amended Articles of Incorporation, if amended, **from the Illinois Secretary of State**. The certification must be dated **within 45 days** of the date of submission of the Application. This must be ordered every year.
- Audited Financial Statements (most current) - Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financials. If you do not have audited financials, you may submit other financial documents for consideration. Audited financials are preferred.

Note: You will lose points for each of the above items that is missing from your submitted application package. For more about application scoring, please see the application guide.

Please return completed applications to the following:

Cook County Department of Planning and Development
Attn: Ms. Sonia Brown
69 West Washington Street, Suite 2900
Chicago, IL 60602

The deadline for submitting all applications is: TUESDAY, MARCH 18, 2014, 4:00PM
(Applications received after this date and time will not be accepted.)



2014 CDBG Application Capital Improvement / Economic Development

APPLICANT INFORMATION SHEET

Applicant Name: _____

Mayor / Chief Executive Officer Name: _____

E-mail Address: _____

Contact Person Name & Title: _____

E-mail Address: _____

Telephone: _____ Fax: _____

Applicant Website Address: _____

Total Amount Requested: \$ _____

Total Matching Funds, if applicable: \$ _____

Note: Matching funds, though not required for CDBG, are encouraged and will be looked upon favorably during application review. Matching funds will be expected for facility projects and will be assessed based on the income level of the service area / beneficiaries.

*The signature below must be from the person authorized in the resolution supporting the application.

Signature

Date

Title



2014 CDBG Application Capital Improvement / Economic Development

APPLICANT INFORMATION SHEET (CONT'D)

2014 PROGRAM YEAR - October 1, 2014 through September 30, 2015

Please complete pages 1 through 26 for each project, as applicable.

Applicant Address: _____

City: _____ Illinois Zip Code: _____
(include full ZIP + 4)

Project Manager
(if different from
contact person): _____

E-Mail: _____

Telephone: _____ Fax: _____

County Commissioner District #: _____

Project Title: _____

Is this project consistent with Cook County's
2010-2014 Consolidated Plan? If no, **"STOP"**. Yes No

Is this capital improvement project a
continuation of a prior year project? Yes No

Is your agency a faith-based entity? Yes No

Activity Category:

CAPITAL IMPROVEMENT PROJECTS

- ___ Infrastructure
- ___ Public Facility
- ___ Non-Profit Facility
- ___ Demolition
- ___ *Economic Development

*Please refer to the CDBG Application Guide for
guidelines regarding economic development activities.



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National Objective: *(Check One)*

CDBG requires that each activity funded, except for program administration and planning activities, must meet one of the three national objectives outlined below. An activity that does not meet a national objective is not compliant with CDBG requirements and is therefore ineligible for funding. Applicants are strongly encouraged to consult the application guide for more detailed information.

Benefit to low- and moderate income (LMI) persons

1. **Area Benefit Activities** benefit all residents in a particular area, where at least **49.2%** of the people are low- and moderate-income. The service area of the project must be specifically identified and the area must be primarily residential (see the Appendix of the application guide for details).
2. **Limited clientele activities** benefit low- and moderate-income persons without regard to the area being served. At least **51%** of the persons participating in the activity must be low- and moderate-income and the activity must meet one of the following criteria (see application guide for details):
 - **Presumption of low- and moderate-income:** the activity serves persons who are presumed to be low- and moderate-income: abused children; battered spouses; elderly persons; severely-disabled adults; homeless persons; illiterate adults; persons living with AIDS and migrant workers; or
 - **Income Guidelines:** the activity must have eligibility requirements which limit the activity exclusively to low- and moderate-income persons, or income must be documented.
3. **Housing activities** that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by at least 51% low- and moderate-income households.
4. **Job creation or retention activities** designed to create or retain permanent jobs, at least 51% of which (computed on a full-time equivalent basis) will be made available to or held by low- and moderate-income persons.

Aid in the prevention or elimination of slums or blight

Prevent or eliminate slum and blight on an area basis, or eliminate specific conditions of blight or physical decay on a spot basis that are not located in a slum or blighted area.

Meet a need having a particular urgency (Demolition Projects Only)

Use of the urgent need national objective category is rare. It is designed only for activities that alleviate emergency conditions. Activities qualified under urgent need must meet the following criteria:

- The existing conditions must pose a serious and immediate threat to the health or welfare of the community;
- The existing conditions are of recent origin or recently became urgent (generally, within the past 18 months);
- The grantee is unable to finance the activity on its own; and
- Other sources of funding are **not** available.

Does this project meet a National Objectives and other eligibility requirements, as noted in HUD's 24 CFR Part 570.201 regulations? (Please refer to the 2014 CDBG Application Guide for details.) If no, "**STOP**".

Yes

No



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DUNS Number (Required For Funding): _____

FEIN Number: _____ CFDA Number: **14.218**

If acquisition is required for this project, is the property vacant? Yes No

PROJECT NEED AND JUSTIFICATION

For the questions below, please attach additional pages if needed when providing your answers.

Describe the proposed project and designated project area (must be suburban Cook County):

(Provide a DETAILED description and a map that shows the project site and area that will benefit, if applicable. Please include applicable photos.)

Exact Location/Project Address: _____

If project is an infrastructure activity, please indicate the following:

Address Start: _____ Address End: _____

Linear Feet: _____

Summary of Project Need and Justification: If the project is for a community center or other public facility, please indicate who is served or will be served by the facility, and include information about the location of similar facilities, the demand for services in the surrounding area, and the applicant's financial ability to operate and maintain the facility. *(If additional space is required, please include attachments.)*



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Specific Anticipated Accomplishments: *(Please provide details of the proposed capital improvement. If additional space is required, please include attachments.)*

Specific Outcome Indicators

Anticipated Number of Persons to be Assisted

(For municipal capital projects, census tract data is permissible.)

With NEW access to service or benefit _____

With IMPROVED access to service or benefit _____

Anticipated Number of Businesses to be Assisted (if applicable)

With NEW access to service or benefit _____

With IMPROVED access to service or benefit _____

Anticipated Economic Development Impact (if applicable)

Estimated number of jobs created _____

Estimated number of jobs retained _____

Estimated amount of taxes generated _____

Estimated number of businesses retained and/or recruited _____

Anticipated Number of Housing Units Assisted (if applicable)

Estimated number of units occupied by low- or moderate income households _____



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CAPACITY AND SKILLS TO EXECUTE THE PROJECT

PREVIOUSLY FUNDED APPLICANTS:

Does your municipality or agency have any CDBG project balances? Yes No

If so, please explain why the project(s) currently have balances and the planned steps to expend remaining funds. Please specify expected deadlines for expending the remaining funds.

Does your municipality or agency have any outstanding CDBG performance reports, HUD reports or monitoring findings? Yes No

If so, please identify the project(s) via project number(s) and explain why the project(s) currently have outstanding performance reports, HUD reports or monitoring findings. Cook County maintains reporting records and will be verifying this information. Outstanding performance reports/HUD reports/monitoring findings can be submitted with the application, or preferably prior to submission of the application.



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NEW AND PREVIOUSLY FUNDED APPLICANTS:

Has your municipality or agency previously initiated similar Yes No projects (whether with CDBG or other funding)?

If so, please describe the capital project(s) previously completed and the outcome(s).

LEVERAGING OTHER FUNDING

If applicable, please describe how your municipality or agency will leverage other funds, public or private, over the long-term to support similar projects and reduce reliance upon Cook County CDBG funding. *(If applicable, please complete and certify "FORM B: ESTIMATED MATCHING FUNDS CERTIFICATION" located on page 21.)*



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PROPOSED PROJECT BUDGET (Clarity and Reasonableness of Proposed Costs)

STAFF SALARIES, IF APPLICABLE (3 Person Limit)

Position	(A) Annual Salary	(B) % of time spent on project	(A) multiplied by B) Salary allocated for project	Salary CDBG Portion	Project Match (In-Kind)
TOTAL SALARIES					

Please note: Fringe benefits are no longer applicable.



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PROPOSED PROJECT BUDGET (CONT'D) (Clarity and Reasonableness of Proposed Costs)

LINE ITEM BUDGET

Project Activity	CDBG Funds	Matching Funds	TOTAL
Capital Improvements			
Public Facilities			
Economic Development			
Demolition			
Total Project Activity			

Project Delivery	CDBG Funds	Matching Funds	TOTAL
Staff Salaries			
Postage			
Printing			
Publication/Notices			
Project Travel @ \$0.565 per mile			
Total Project Delivery			

*Professional Services	CDBG Funds	Matching Funds	TOTAL
Architectural			
Engineering			
Legal			
Accounting (except Single Audit)			
Other:			
Total Professional Services			
Grand Total (Project Activity + Project Delivery + Prof. Services)			

**Professional Services MUST be procured if you are using CDBG funds.*

{Please attach any construction cost estimates, preferably provided by a certified engineer.}



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PROJECT ELIGIBILITY

Please see the Application Guide for more information on eligibility.

A. AREA BENEFIT: *(if applicable)*

Total Number of low and moderate-income persons served in area:

Census Tract	Block Group	% Low/Mod Income
TOTAL VILLAGE-WIDE LMI %:		

(Please see the 2014 CDBG Application Guide for appropriate website links.)

B. LIMITED CLIENTELE BENEFIT: *(if applicable)*

<p>1. Presumed Benefit</p> <p>Qualifying group _____</p> <p>Number of persons served _____</p>	<p>2. Low- and Moderate-Income Persons* Served</p> <p>Moderate-income (61-80% of AMI) _____</p> <p>Low-income (51-60% of AMI) _____</p> <p style="text-align: center;">- OR -</p> <p>Very Low (31-50% of AMI) _____</p> <p>Extremely Low (<30% of AMI) _____</p> <p>Total Served (add above lines) _____</p> <p>Number of Female-Headed Households _____</p>
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*How will income be verified? Check below:

- Income Verification Request Forms *(Attach a sample of the form you will use.)*
- Eligibility Status for other Governmental Assistance program
- Self Certification *(You must request source documentation for 20% of certifications and must inform the beneficiary that all sources of income and assets must be included when calculating annual income)*



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READINESS TO PROCEED

Summary of Project Readiness: Please indicate if all funds have been secure for this project and the date project is ready to start. Please describe any obstacles that will prevent this project from starting on time. Please explain if this project will require plan phases/multi-year to complete. *(If additional space is required, please include attachments.)*

PROJECT COMPLETION SCHEDULE

Capital Improvement Projects - Please provide a detailed timeline outlining specific plans for completing this project within 12 months after issuance of the "Authorization to Incur Grant Costs", including but not limited to project specification development, bid and contractor procurement, preconstruction, construction and completion schedule. Assume that the authorization to incur grant costs will be issued by 12/31/14. Construction should begin in the spring to the extent possible.

December 2014 (Notice to Proceed Issuance)
January 2015
February 2015
March 2015
April 2015
May 2015
June 2015
July 2015



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August 2015
September 2015
October 2015
November 2015 (Project Completion, if not earlier)

BROADER CONTEXT OF PROJECT

Please describe how your agency's proposed project is part of a broader organizational strategic plan or vision, and/or consistent with an existing local plan or a plan produced through CMAP's Local Technical Assistance Program, RTA's Community Planning Program, or similar programs. (In addition to your narrative response below, you may provide a copy of or a link to relevant plans, pages, etc.)



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BROADER CONTEXT OF PROJECT (CONT'D)

Does your proposed project connect to a geographic target area or to other recent projects? If so, describe the connection. Please provide a map showing recent investments/developments and the proposed 2014 project. This question applies to demolition projects as well as construction and facility improvements.

The Cook County Department of Transportation and Highways has road construction/improvement projects planned for 2015 in the following locations:

- Lynwood: Joe Orr Road, from Torrence Avenue to Burnham Avenue – New Roadway Construction
- Various Communities: Kedzie Avenue, from Flossmoor Road to 159th Street – Pavement Preservation

If your proposed project connects to either of the above projects, please describe the connection.



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BROADER CONTEXT OF PROJECT (CONT'D)

Regional Collaboration

Does your proposed project offer or support a plan for regional or sub-regional collaboration?

- Yes No

Is your proposed project consistent with the [GO TO 2040 comprehensive regional plan](#)?

- Yes No

Please describe how your efforts are related to regional or sub-regional collaboration and/or is consistent with GO TO 2040.

Innovative or Creative Aspects of Proposal

Does your proposed project include innovative aspects?

- Yes No

If yes, please describe the creative elements of your proposal?



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Economic Development Activities

Does your proposed project directly or indirectly facilitate economic development using any of the activities described below? (check all that apply):

- Business Incubator
- Commercial/Industrial Rehabilitation/Improvements
- Economic Development Infrastructure Projects
- Façade Improvements
- Non-Profit Business And Technical Assistance
- Micro-Enterprise Assistance
- Public Facilities

Economic Development Impact

Does your proposed project directly or indirectly facilitate economic development targeting the following as major goals? (check all that apply):

- Job Creation
- Job Retention
- Goods or Services Provision

Please describe how your proposed project will facilitate economic development directly or indirectly, including specifying major goals.

Does your proposed project/program incorporate any of the following components? (check all that apply):

Economic Development

- Generates Tax Revenue
- Facilitates additional investments in industrial and/or commercial corridors
- Promotes economic development focused public or non-profit capacity building as part of an existing regional plan
- Encompasses foreclosure prevention strategies
- Functions as part of broader Transit Oriented Development (TOD) or Cargo Oriented Development (COD) area

Infrastructure Improvements

- Facilitates broadband connectivity (“last mile infrastructure readiness”)
- Incorporates underground utility lines as appropriate



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Long Range Planning and Site Sustainability

- | | |
|--|---|
| <input type="checkbox"/> Promotes energy efficiency improvements (i.e. sustainability) | <input type="checkbox"/> Encourages environmentally friendly or green initiatives (i.e. sustainability) |
| <input type="checkbox"/> Functions as part of a broader strategic plan or vision | <input type="checkbox"/> Demonstrates ongoing efforts to promote and enforce fair housing practices |

Please describe your municipality's ongoing efforts to affirmatively further fair housing? *(100 words or less)*

Please explain how your project supports any of the other boxes checked above.

Please describe any other funding you currently receive from other departments or agencies of Cook County. If you do receive other Cook County funding, please indicate whether or not that funding supports the activity(ies) you are applying for in this CDBG application.



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APPLICATION RESOLUTION AND CERTIFICATION

Instructions

Cook County has prepared two versions of the authorizing resolution: one for municipalities and one for all other applicants. Please choose the appropriate resolution. Samples of the versions are included in this application.

The person signing the application must be the same person authorized by the resolution.

The resolution must be adopted by your governing body and a **certified** copy submitted with the application. A sample form for certification by non-municipal agencies is included.

A municipal or agency seal should be included on both the resolution and the certification. If an agency does not have a seal, please indicate that on the forms.



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FORM B: ESTIMATED MATCHING FUNDS CERTIFICATION

Matching funds are defined as any local, county, state, federal (other than CDBG) or private funds used in conjunction with CDBG funds to implement or construct a proposed project. This form must be filled out to document matching funds entered on the project budget (page 15). **Please note** that the use of special assessments against property owned and occupied by low- and moderate-income persons is prohibited.

In the event that the proposed project is funded at a lesser amount than requested, the matching funds will be reduced in the same proportion. For example, if you request \$100,000 with a \$30,000 (30%) match, and actually receive \$50,000 in block grant funds, your required match will be \$15,000 (30% x \$50,000).

Subrecipients are urged to use matching funds whenever possible.

1. Project Type _____
2. Amount of Matching Funds to Assist Project _____
3. Source(s) of Matching Funds to Assist Project _____
4. Timetable of Availability of Matching Funds _____
5. Designated Use of Matching Funds _____

The authorized official of the applicant must certify the availability of the above matching funds by signing in the designated area below. Municipal/Agency seal is also required, if available. If there is no seal, please note that below.

Dated this _____ day of _____ 2014

By: _____
Print Name – Mayor/Chairman/President
Signature – Mayor/Chairman/President

Attest: _____
Print Name – Clerk/Board Secretary
Signature – Clerk/Board Secretary

{SEAL}



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FORM C: MAINTENANCE OF EFFORT AND PROJECT SUSTAINABILITY Capital Improvement Project

CDBG funds cannot be used for on-going maintenance, building operations and staffing requirements for projects constructed or rehabilitated with CDBG funds. Please provide the following information concerning these costs:

Amount of Annual Funds Required for Maintenance of Effort/Project: \$ _____

Source of Funds: _____

Designated Use of Maintenance Funds: (i.e. utilities, staff, equipment, maintenance). An applicant must demonstrate the availability of funding to perform routine maintenance/upkeep on the proposed CDBG project and should strive to have adequate reserves to cover needed larger improvements with less reliance on CDBG funding.



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FAIR HOUSING ACTION PLAN - 2014 PROGRAM YEAR

The Secretary of the United States Department of Housing and Urban Development requires that Community Development Block Grant recipients certify that they will comply with Title VIII of the Civil Rights Act of 1968. To fulfill this certification, Cook County requires each **municipal** Subrecipient to take action each year to affirmatively further fair housing.

In accordance with Cook County's revised *Analysis of Impediments to Fair Housing Choice*, please indicate on the list below *all* of the items that currently apply to your municipality:

- Existence of a fair housing ordinance
- Existence of a fair housing enforcement body that is responsible for reviewing fair housing complaints
- An individual identified as the fair housing compliance officer
- Existence of an action plan for affirmatively furthering fair housing
- Outreach to the public on fair housing issues via workshops, educational materials, etc.
- Outreach to housing-related industries including real estate, finance and property management on fair housing issues via workshops, educational materials, etc.
- Annual fair housing training for municipal staff, especially those answering public phone calls
- Annual reviews of land use and zoning ordinances and building codes to ensure they are not impediments to fair housing

As part of the application, a municipal Subrecipient must submit a Fair Housing Action Plan. If you already have a plan, you should review it to ensure the plan is still relevant and up-to-date before submission.

The following are examples of actions your municipality can take to affirmatively further fair housing. Please check the appropriate sections that you plan to undertake during this program year. On the attached Form D, provide a narrative of actions to be undertaken and what your agency plans to accomplish during this program year to affirmatively further fair housing.

- Provide copies of fair housing brochures published and distributed among realtors and other businesses in your community.
- Provide copies of newspaper articles published locally about fair housing issues in your community.
- Provide a summary of activities conducted to promote an open community.
- Enact a Fair Housing Ordinance.
- Update/Amend your Fair Housing Ordinance, if applicable.
- Attend Cook County's Fair Housing Seminar.
- Submit notices, agendas and minutes of Fair Housing meetings sponsored by your municipality.

These points are merely suggestions for the types of actions that are acceptable to demonstrate your community's active commitment to fair housing. Additional or different action may be acceptable as well, and your submissions are not limited to the types listed above.

The County is required to provide documentation supporting its activities in compliance with Title VIII of the Civil Rights Acts of 1968. The activities of Cook County's Subrecipients, therefore, require this documentation. Failure by a municipal Subrecipient to provide complete and accurate information to the County in a timely manner may jeopardize current and/or future funding for that community.



2014 Community Development Block Grant Capital Improvement Project Application

AUDITED FINANCIAL STATEMENTS

(Please attach the most current.)



2014 Community Development Block Grant Capital Improvement Project Application

DEMOLITION PROJECTS ONLY

(This section must also be completed for any demolition project, as noted on page 5 of the application guide.)

69 West Washington - Suite 2900
Chicago, Illinois 60602

Phone #: (312) 603-1000
FAX #: (312) 603-9770

COMMUNITY INFORMATION

Name of Municipality: _____

Municipal Contact Person: _____

Municipal Contact Person Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

PROPERTY OWNER INFORMATION (If different from municipality)

Owner/Business: _____

Owner/Business Contact Person: _____

Owner/Business Contact Person Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

NATIONAL OBJECTIVE (Please check one)

- Elimination or Prevention of Slums and Blight
If selecting this National Objective, all of the following must be included with this application:
- A. Slum/Blight Criteria selected (include narrative description)
 - B. Additional Documentation (Photos, Letters from Officials, etc.)
 - C. Declaration/Resolution of Slum/Blight Condition

- Urgent Health and Welfare Threat
If selecting this National Objective, all of the following criteria must be met (include narrative description where needed):
- A. Determination of immediate threat – when and by whom; include documentation
 - B. Applicant’s inability to finance
 - C. Confirmation that no other financial sources are available
 - D. Confirmation that threat did **not** exist for more than 18 months prior to application



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DEMOLITION RATIONALE

Provide the rationale for demolishing this structure and why the municipality does not consider rehabilitation a viable option. Include a letter from the municipal solicitor describing the municipality's condemnation process, acknowledging that condemnation proceedings ensued in accordance with all municipal ordinances and that the municipality has the authority to remove the subject structure.

Include copies of the following documents in support of your rationale for demolition:

- On-site inspection reports identifying the nature of the unsafe condition(s) (e.g. engineer, building inspector/code enforcement officer, fire/police officials, etc.).
Municipal notification of an unsafe condition to the property owner, agent or person in control of the structure. The correspondence must describe the unsafe condition(s), specifying the required repairs or improvements necessary to abate the existing conditions, or require the owner, agent or person in control to demolish the structure. Supply evidence that sufficient time was permitted to address the situation. Provide proof that notice was properly served (i.e. copy of certified or registered mail return receipt).
- Any correspondence from the owner, agent or person in control of the structure in response to municipal notification of unsafe conditions.
- Order of Condemnation (as posted at the site of the proposed demolition site).

PROPERTY INFORMATION

Property Identification

Number: _____

Street Address: _____

Legal Description: _____

Please Describe Property:

- i.e. building size, type, condition _____

Intended Use of Property After Demolition:

NOTE: If parcel is to remain vacant, describe how the municipality will assure that the resulting lot will be maintained and kept clear of health and safety hazards (e.g. trash, debris).

Estimated Demolition Cost: _____

CERTIFICATIONS

- A. There are no pending legal actions underway or being contemplated that would significantly impact the demolition of this facility.
- B. There are no unpaid property taxes filed against the property.
- C. There are no liens/assessments on the property, or proof of any are attached
- D. The property owner signing has full legal authority to sign

Print Name – Mayor/President

Signature – Mayor/President

Date