



CITY HALL

208 S. Rapp Street
Columbia, Illinois 62236
618.281.7144

Bob Hill, Mayor

**COLUMBIA FACADE PROGRAM
APPLICATION INSTRUCTIONS AND REVIEW
PROCESS**

The building owner must complete the attached Columbia Facade Program Application.

Please include the following in your description:

1. A clear, detailed description including diagrams of what will be done, materials used, colors, etc.;
2. Official cost estimates from contractors or vendors;
3. Two photographs of the existing building showing current conditions;
4. Any other architectural or site plan drawings required to fully describe the project.

All applications will be reviewed first for completeness. The Columbia Facade Grant Committee will make a recommendation to approve or disapprove the application to the Columbia Community Collective within sixty (60) days. Approval by the City Council shall authorize the applicant to apply for any permits and begin work. All improvements must be made in compliance with the Columbia Municipal Code and must be completed within six (6) months of Columbia Community Collective approval, unless extended. Upon completion, committee members will perform a site visit and review the project. Invoices demonstrating approved costs may be submitted at that time and the reimbursement will be processed for payment. Should an applicant fail to gain approval, the applicant may request a written record of deficiencies and reapply for funding.

Following approval, funding and completion of the project, the building owner, not the City of Columbia, is responsible for maintaining improvements. Maintenance includes, but is not limited to; painting, repair, etc.

Applicant Name: _____
Name Telephone #

Applicant Address: _____
No. Street City State Zip Code

Name of Business: _____

Business Description: _____
Business Phone #

Business Address: _____

Please check "Yes" or "No" for each question below:	Yes	No
Are you or your business delinquent on any fee obligations?		
Are you or your business delinquent on any tax obligations?		



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Total project cost: \$ _____

Funds requested: \$ _____

Start date: _____

Completion date: _____

Project description: (attach additional pages if necessary)

I affirm that the information provided in this application is true and accurate and that I am the authorized owner and agent of the subject property. I affirm that the improvements detailed will be made and maintained at my expense and hold harmless the City of Columbia from any liability or damage resulting from the improvements. I understand that this is a reimbursement program, and **I have received and read the attached document - Columbia Facade Program, under which matching funds may be provided.**

Applicant signature

Date

CITY OF COLUMBIA USE ONLY

APPROVED – BUILDING INSPECTOR

Authorized signature

Date

APPROVED – FACADE GRANT COMMITTEE

Authorized signature

Date



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AFFIDAVIT OF COMPLIANCE WITH PREVAILING WAGE ACT

WHEREAS, _____, has been awarded a
“facade grant” by the City of Columbia and Columbia Community Collective, Illinois; and,

WHEREAS, the Prevailing Wage Act of the State of Illinois and
judicial interpretation thereof, requires that recipients of municipal grants pay
laborers, mechanics and other workers the general prevailing rate of hourly wages
for work performed on projects financed by municipalities (see 820 ILCS 130,
Prevailing Wage Act); and,

WHEREAS, _____, now seeks reimbursement for
work performed pursuant to the “facade grant” program; and,

WHEREAS, it is necessary before reimbursement is made that the recipient
of the grant affirm that wages were paid pursuant to the Prevailing Wage Act of the
State of Illinois:

THEREFORE, _____, being first duly
sworn states that he/she paid laborers, mechanics and other workers who performed
on the project for which a “facade grant” reimbursement is sought, pursuant to the
Prevailing Wage Act of the State of Illinois and according to the most recent
Monroe County Prevailing Wages (list attached hereto but subject to change from time
to time)

Grantee

Subscribed and sworn to before me this _____ day of _____, 20____
in Monroe County, Illinois.

Notary Public
