

**CITY OF AURORA
WARD 1 RESIDENTIAL AND NONPROFIT
GRANT APPLICATION**

Date of Application _____ Amount Applied For _____

Resident Name _____

Non-Profit or HOA name _____

Address _____

Contact Name _____ Phone Number _____

Social Security Number _____

FEIN Number _____

Signature for Fed. ID # _____

Description of work to be done (attach separate sheet if necessary, (include before picture) _____

Contractor Selected to do work _____

The following required documents are attached to my application:

- | | | |
|--|--------|-------|
| • Evidence of Competitive Pricing | ___Yes | ___No |
| • Evidence of Prevailing Wage *** | ___Yes | ___No |
| • Applicable Permits (Issued/Applied) | ___Yes | ___No |
| • Lien Waiver (Material/Labor) | ___Yes | ___No |
- Low Bid \$ _____

Time Frame of work to be done _____

***Quotes **must** be obtained from contractors that pay prevailing wage. For more information see:
<https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/Rates.aspx>

I hereby swear that the information contained in this application is true and correct. I understand that it is MY responsibility to pay the Contractor in full. I also understand that failure to strictly comply with the grant requirements or providing false information on this application may result in being denied reimbursement.

Name of Applicant

Signature of Applicant

#WKGSP08I0D1L1Fv1

Failure to complete and comply with requested application information above, may result in non-reimbursement

Office Use Only

Review Date _____ Work Completed _____
(Date)

Parcel _____ Ward 1 Address Yes___ No ___

3 Bids obtained Yes___ No ___

Signature of Committee Member _____ Approved for payment on _____

Checklist Completed Yes ___ No___ Date _____

Committee Recommended Approval Yes ___ No ___

Ward Alderman Signature _____ Date _____