

**CITY OF AURORA  
WARD 1  
BUSINESS GRANT APPLICATION**

Date of Application \_\_\_\_\_ Amount Applied For \_\_\_\_\_

Business Name \_\_\_\_\_

Business Federal Tax ID Number \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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
- Include evidence of ***Prevailing Wage***\*\*\* \_\_\_\_\_ Yes \_\_\_\_\_ No
- Applicable Permits (Issued/Applied) \_\_\_\_\_ Yes \_\_\_\_\_ No
- Lien Waiver (Material/Labor) \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did you get 3 bids? \_\_\_\_\_ Yes \_\_\_\_\_ No Low Bid \$ \_\_\_\_\_

Timeframe 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

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**Office Use Only**

Review Date \_\_\_\_\_ Date Work Completed \_\_\_\_\_

Signature of Committee Member \_\_\_\_\_ Approval Date \_\_\_\_\_

Checklist Completed Yes \_\_\_ No \_\_\_ Completion Date \_\_\_\_\_

Committee Recommended Approval Yes \_\_\_\_\_ No \_\_\_\_\_

Ward Alderman Signature \_\_\_\_\_ Date \_\_\_\_\_