

**CITY OF AURORA  
WARD 5 RESIDENTIAL AND NONPROFIT  
GRANT APPLICATION**

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

Resident Name \_\_\_\_\_

Non Profit 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://www.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

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

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**Office Use Only**

Review Date \_\_\_\_\_ Work Completed \_\_\_\_\_  
(Date)

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 \_\_\_\_\_