

**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 <i>Prevailing Wage</i> *** | _____ 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

Office Use Only

Review Date _____ Date Work Completed _____

Parcel _____ Ward 1 Address Yes ____ No ____

Signature of Committee Member _____ Approval Date _____

Checklist Completed Yes ____ No ____ Completion Date _____

Committee Recommended Approval Yes ____ No ____

Ward Alderman Signature _____ Date _____