

# 2021 State Façade Grant Application Form

## Skowhegan Town wide Façade Grant

*Please Note:*

1. All Real and Personal Property Taxes town wide must be current if due for round one funding.
2. The Skowhegan Economic Development Corporation and the Town of Skowhegan have Micro Loan Funds and larger Revolving Loan Funds available for use as match. For more information contact the Economic and Community Development Office at 207-474-6905.
3. The estimate that the applicant supplies in this application will become the upper limit for available funds for this project once reviewed and accepted by the 2021 Façade Committee.
4. There will be a mandatory meeting for all applicants Wednesday, June 23, 2021 at 6:00 p.m. at the Municipal Building Council Room. All applicants must have someone attend this meeting: no attendance, no funding.
5. July 30, 2021 will be the cut off for round one funding. Any applicant must submit either a pre-application or a completed application at that time. There is no guarantee that there will be round 2 funding.
6. Applicants who have projects approved must name the Town of Skowhegan and the State of Maine as additional insured. All insurance must be maintained for the duration of the project. This must be done before any work is started on the project and in the Economic & Community Development Office files.
7. All projects need to have an assigned DUNS number before any application will be accepted. If you are a first-time applicant of the Façade Program, please register for your free DUNS number at <http://fedgov.dnb.com/webform> before turning in your application.

Please return completed application along with project pictures, one cost estimate of project(s), Budget Worksheet to the Skowhegan Economic and Community Development Office by July 30, 2021 at 4:00 p.m.

If you have any questions, please contact Jeff Hewett or Renee Belliveau  
at the  
Skowhegan Economic and Community Development Office at  
207-474-6905.

**SECTION 1**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Contact Number: \_(\_\_\_\_)\_\_\_\_\_ Title:\_\_\_\_\_

Day Phone: \_(\_\_\_\_)\_\_\_\_\_ Fax: \_(\_\_\_\_)\_\_\_\_\_

E-Mail: \_\_\_\_\_

Please check one: \_\_\_\_\_ Owner \_\_\_\_\_ Lessee

Term of lease and expiration date: \_\_\_\_\_

Name, address and phone number of building owner (if applicant is lessee):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has applicant ever received funds from the Skowhegan Downtown Façade Program on this building?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, project name and completion date: \_\_\_\_\_

**SECTION 2**

Type of Building: \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Mixed Use  
\_\_\_\_\_ Residential \_\_\_\_\_ Retail

Name of building to be rehabilitated: \_\_\_\_\_

Physical address of building: \_\_\_\_\_

Date of original construction of building: \_\_\_\_\_  
Current use of building: \_\_\_\_\_

Anticipated use of building after façade improvement, if different from current use:  
\_\_\_\_\_  
\_\_\_\_\_

1. Attach photos of all sides of building.
2. Provide a detailed description of the façade improvement project.
3. Itemize what the funds will be used for on the Façade Improvement Project Budget Sheet.
4. Include one preliminary non-binding cost estimate. (VERY IMPORTANT)
5. Show where match dollars are being used and the amount of match.

**Please Note: if this application is approved, three competitive bids/quotes are required. Also, applicant cannot contract with a contractor until approval is given by the 2021 Façade Committee. Historic Clearance is received and a written letter is sent from the Economic & Community Development Office.**

### SECTION 3

**Note: The Town wide Façade Improvement Grant Program is funded by the U.S. Department of Housing and Urban Development and is subject to David-Bacon and related Acts. All labor contracts exceeding \$2,000 require all employees of the contractors be paid the prevailing federal wage rates. The Program Administrator will provide the most current prevailing wage rates to the applicant and contractors to ensure compliance with this requirement.**

1. Preliminary Total Project Cost: \$ \_\_\_\_\_

Attach a complete itemized breakdown of the estimated project costs based on preliminary contractor estimates. The preliminary total project cost is solely for administration purposes, not for obtaining bids. Include all costs associated with the project, including professional and technical services (architectural, design, advertising, permitting, etc.). Please present project costs using budget table attached to this application form. **Note: Three new competitive bids are required from contractors in order to award a grant.**

2. Amount of grant funds requested: \$ \_\_\_\_\_
  
3. Source of financing of the portion of costs to be provided by the applicant (if funds are to be provided by a financial institution, provide letter of commitment):  
  
\_\_\_\_\_
  
4. Project completion date: \_\_\_\_\_

## SECTION 4

1. Does the owner owe any delinquent taxes on any Skowhegan property and/or liens? \_\_\_\_\_

## SECTION 5

### **Funding Notification:**

Final funding decisions will be announced within 30 days of the application deadline. Applicants will be notified of the award or rejection in writing together with reasons or rejection or any conditions of approval.

### **Commencement of Improvements:**

Any construction or other improvements proposed under the Town wide Façade Program must not commence until:

- Environmental Review Clearance from the State
- Slum & Blight Designation approval has been issued
- Historic Preservation approval has been issued
- There is no guarantee of funds until you have a signed agreement for project approval from the 2021 Façade Committee
- A written letter of approval is sent from the Economic & Community Development Office

### **Disbursement of Funds:**

Following the approval of this application and prior to the disbursement of funds, the applicant will be required to enter into a written agreement with the Town of Skowhegan and the State Façade Program. This agreement will set forth the scope of work to be performed under the project and the date by which the project will be completed. Buildings rehabilitated under this grant program will be subject to inspection by the Town's Code Enforcement Officer. All

construction specifications and work completed is the applicant's sole responsibility to comply with the town's building and occupancy codes. Prior to reimbursement of expenses, the applicant must present the Program Administrator with copies of paid receipts for authorized work as estimated in the application and in the contract agreement and proof of expended match dollars. In the event of disputes, the Town of Skowhegan and the State Façade Program reserve the right, at their sole discretion, to deny reimbursement for expenses that were not authorized per the application and the contract agreement. Cost overruns will be borne entirely by the applicant.

**Insurance:**

The applicant will maintain insurance coverage during the term of the Agreement and as required by the State Façade Program. The applicant must read and sign Attachment A: Insurance.

**Freedom of Information Act:**

This program is subject to the Freedom of Information Act. The Program will protect the confidentiality of the information contained herein to the extent permitted by law. Applicant financial information will be kept confidential.

**Responsibility for Work Completed:**

The applicant shall be solely responsible for the complete performance of the project, for meeting all legal requirements and permits, and for the quality and workmanship of all work and materials necessary for the completion of the project. This responsibility shall reside solely with the applicant regardless of any inspections or reviews by the Program Administrator.

The applicant acknowledges that this document will become part of the contract agreement should this application be approved.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**LANDLORD'S ACKNOWLEDGEMENT (if applicant is a lessee):**

I have been informed of the applicant's intention to perform the improvements described in this application and the attached documentation, and I hereby authorize the applicant to apply for the proposed façade improvement grant.

\_\_\_\_\_  
Landlord's signature

\_\_\_\_\_  
Date

## **SCHEDULE A – INSURANCE REQUIREMENTS**

The Applicant shall obtain and maintain insurance coverage continuously during the term of this Agreement and shall cause each of its contractors to maintain insurance coverage during the term of this Agreement in accordance with the terms of this schedule through any combination of primary and excess coverage and, in the case of “claims made” coverage, for an additional two years thereafter.

**1. Risks and Limits of Liability:** The insurance required by this schedule shall insure against the following risks in at least the following amounts:

- Property insurance for the full value of the building and improvements
- \$1,000,000 for any one person and for each accident in cases of liability for bodily injury and/or accidental death and property damage
- \$500,000 per occurrence for automobile liability

The Contractor must also maintain the following types of insurance:

- Full workers’ compensation insurance coverage for all persons employed by the Contractor to perform work on the project.  
The insurance must be in compliance with the State of Maine requirements. All subcontractors hired must have their own general liability policy with the same limits of liability as above.  
Workers’ Compensation must be provided, or a “Certificate of Pre-determination of Independent Contractors Status” approved by the State of Maine Workers’ Compensation Board, specifically for this job, must be given.
- Bodily injury and property damage insurance covering the operation of all motor vehicles and equipment being operated in connection with project work, whether or not owned by the Contractor.

Contractors shall indemnify and hold harmless the U.S. Government, the State of Maine, the Owner and the Grantee from liability of any injury or damage to person or property resulting from the performance of work under this Agreement.

**2. Forms of Policies:** The Town of Skowhegan and the State Façade Program may make exception to the requirements listed in #1 above.

**3. Issuers of Policies:** The issuer of each policy shall have a Certificate of Authority to transact insurance business in the State of Maine and an A.M. Best’s rating of at least B+ and A.M. Best’s Financial Size Category of Class VI or better.

**4. Insured Parties:** Each policy, except those for workers’ compensation, employer’s liability and professional liability, must name the Property Owner/Applicant, Town of Skowhegan and State Façade Program, its officers, agents, or employees as an additional insured on the

original policy and all renewals or replacements during the agreement period. A “Certificate of Insurance” will be given to the Applicant, Town of Skowhegan and State Façade Program, showing the additional insured provision Property Owner.

**5. Deductibles:** The Applicant shall be responsible for and bear (or shall contract with each applicable Contractor to bear and assume) all claims or losses to the extent of any deductible amounts and waives (and shall contract with each contractor to waive) any claim it may have for the same against the Town of Skowhegan and State Façade Program, its officers, agents or employees.

**6. Cancellation:** Each policy must state that it may not be cancelled, materially modified, or non-renewed unless the insurance company gives the Property Owner/Applicant, Town of Skowhegan, and the Façade Program Administrator 30 days’ advance notice. The Applicant shall (and shall contract with each subcontractor to) give written note to the Façade Program Administrator within five days of the date on which total claims by any party against such person reduce the aggregate amount of coverage below the amounts required by the Agreement. In the alternative, the policy may contain an endorsement establishing a policy aggregate for the particular project or location subject to this Agreement.

**7. Subrogation:** Each policy must contain an endorsement to the effect that the issuer waives any claim or right of subrogation to recover against the Town of Skowhegan and the State Façade Program, their officers, agents or employees.

**8. Liability for Premium:** The Property Owner/Applicant and/or the Contractor shall pay (and/or shall contract with subcontractors to pay) all insurance premiums for coverage required by this schedule, and the Town of Skowhegan and the State Façade Program shall not be obligated to pay any premiums.

**9. Proof of Insurance:** Promptly after the execution of the Agreement, and from time to time during the term of the Agreement at the request of the Façade Program Administrator, the Applicant shall furnish “Certificate of Insurance” maintained in accordance with the schedule along with Certificates from the Contractor(s) confirming insurance coverage is maintained. If requested in writing by the Administrator of the Town of Skowhegan, the Applicant shall furnish certified copies of the Contractor’s actual insurance policies. Failure of the Applicant to comply with the requirements of the schedule shall constitute  
An event of default and the Façade Program Administrator, at its sole discretion may (1) suspend performance by the State Façade Program, hereunder, and (2) begin procedures to terminate the Agreement for default and deduct the cost of the premium for amounts due to the Applicant under this Agreement. The State Façade Program shall never waive, or be estopped to assert, its right to terminate this Agreement because of its acts or omissions regarding its review of insurance documents.

I have read, or had read to me, this document, which I understand and will fully abide by:

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Signature of Applicant/Property Owner

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Date

## 2021 Skowhegan Facade Improvement Budget Sheet

Description of Work	Estimate of Cost	Grant Funded	Match Funded	Contractor Labor	Personal Labor	Material	Total
<i>Sample: painting of 5 doors, Contractor removing the doors and owner stripping and repainting doors</i>	\$400.00	\$150.00	\$250.00	\$100.00	\$250.00	\$50.00	\$400.00
<b>Grand Totals</b>							