

Welcome to the 2021 Façade Program Meeting

For any questions please contact the
Economic & Community Development Office
Monday–Friday, 8:00–4:30
(207)474–6905

Topics we will be discussing

- ▶ Steps in process
- ▶ Permitted work
- ▶ Filling out the Application
- ▶ Payroll processing
- ▶ Labor Signage for projects
- ▶ Q & A

Steps to process

- ▶ One estimate of project
- ▶ Applications submitted
- ▶ Review of project to see if it meets guidelines
- ▶ Historical Review
- ▶ Slum and Blight approval
- ▶ Approval of Project
- ▶ Bid out project
- ▶ Project awarded to Contractor
- ▶ Project finished and inspected
- ▶ Payroll and match submitted and approved
- ▶ Payment of grant dollars

Permitted work

- ▶ Metal windows
- ▶ Wood sidings
- ▶ New signage
- ▶ Awnings
- ▶ Painting—approved colors
- ▶ Install double pane windows in existing frames

Historical or Historical significant or in a district

- ▶ Vinyl siding
- ▶ Vinyl windows
- ▶ Painting – wider selection of colors
- ▶ Less restrictions

Not in a district or No historical significate

Ineligible activities

- Interior repairs of any kind
- Purchase of commercial property/equipment
- New building construction

APPLICATION

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 Thursday, March 17, 2022 at 6:00 p.m. at the Municipal Building Council Room. All applicants must have someone attend this meeting; no attendance, no funding.
5. March 31, 2022 will be the cut off for round two 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 3 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 March 31, 2022 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: _____

•••
2

Applicant who is filling out the application.

Address of Applicant filling out application.

All projects need to have a **Duns Number**. This is so the Dun & Bradstreet can periodically follow status of your project that is using Federal Funds. It is free to apply for.

Title of the applicant filling out application. i.e. owner, manager, lessee.

For Historical Preservation

Please note these applications are due September 4, 2018 by end of business day.

Reference Websites:
 Duns Number – <http://fedgov.dnb.com/webform>
 Façade Grant Materials– www.skowhegan.org

Dun & Bradstreet DUNS Number Guide



Decide with Confidence

Most potential and existing **US Government Contractors, Grantees and Loan Recipients** are required to obtain a DUNS Number for US Government registration purposes. The DUNS Number verifies the legal name, physical address and tradestyle (DBA) of each location and is the key to starting the CCR registration process.

Data Universal Numbering System (DUNS) Number: The DUNS Number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). The DUNS Number is randomly issued, never used twice and is site specific. Each distinct physical location of an entity is assigned its own DUNS Number worldwide.

Obtaining a DUNS Number is a quick and easy process. It is the responsibility of the US Government contractor, grantee or loan recipient to obtain their existing DUNS Number or to take the steps required to request a new DUNS Number. To confirm your current status with D&B, all US locations should contact the D&B Government Customer Response Center (GCRC) using the toll-free number or the online webform process. International locations (non-US) are asked to use the online internet link only. Obtaining a DUNS Number is absolutely **FREE** for all entities doing business with the Federal Government. The process to request a DUNS Number takes about 15 minutes when calling and responses to webform submittals online are returned within 1-2 business days. The following information is requested to obtain a DUNS Number:

<ul style="list-style-type: none">• Legal Company Name• Headquarters Company Name and Address• Tradestyle or DBA Company Name• Physical Address, City, State and Zip Code	<ul style="list-style-type: none">• Mailing Address• Telephone Number• Contact Name and Title• Number of Employees at your physical location
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All DUNS requests should contact D&B by following the below instructions. Within 24 hours of issuance, the DUNS Number is generally available for starting CCR registration.

<p>All US locations (including US Virgin Islands and Puerto Rico) can call toll free at 866-705-5711</p> <p>Federal contractors - Press Option 3 Grantees - Press Option 4 Loan recipients - Press Option 5</p> <p>or use the online webform process at http://fedgov.dnb.com/webform</p>	<p>All International (non-US) locations (including Guam, Marianas Islands and American Samoa) should use the online webform process at http://fedgov.dnb.com/webform</p>
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Managing your DUNS Number: D&B will periodically contact DUNS Numbered locations to verify a company's information for accuracy. Organizations with multiple DUNS Numbers may request a FREE family tree listing from D&B to help determine which branch/division/subsidiary location has an existing DUNS Number and if the information on file at D&B is current. D&B recommends organizations with multiple DUNS Numbers have a single point of contact for controlling DUNS Number requests to ensure the appropriate branches/divisions/subsidiaries have the accurate DUNS Numbers for Federal purposes.

Please provide photos of all sides of your building not just the front.

Budget Sheet

Cost estimate is for budget purpose only. If you want to use as one of the 3 required bids it will have to be resubmitted with other 2 bids.

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.
5. Show where match dollars are being used and the amount of match.

Please Note: if this application is approved, three competitive bids are required. Also, applicant cannot contract with a contractor until approval is given by the 2018 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 insure 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.**

Please enter total cost of project

Please enter amount of requested funds

Remainder of project cost, you are supplying

Amount of contractor labor on the project

Amount of your labor on the project

Total material cost of line item

Total should equal estimated cost

Description of Work	Estimate of Cost	Grant Funded	Match Funded	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
Grand Totals							

2. Amount of grant funds requested: \$ _____

The grant amount is limited to one-half of the **pre-approved** eligible project costs or one-half of the **actual** eligible costs, whichever is less; up to a maximum of \$10,000 per property location.

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 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 2018 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 Town wide 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

This includes
Personal Property
Taxes as well!

All Property
Taxes need to
be paid
current. This
rule changes if
there is a
second round
of funding.

Insurance Requirements

If you are a tenant you need to have the Property Owner(s) signature(s) on this form.

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. In the event of disputes, the Town of Skowhegan and the Town wide 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 Town wide 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 Downtown 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 Downtown 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 Downtown 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 Downtown 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 Downtown 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 Downtown 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 Downtown 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 Downtown 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:

Signature of Applicant/Property Owner

Date

Eligible Match & Requirements

- Interior repairs of any kind
- Purchase of permanent fixtures are eligible
- Dollars expended after January 1, 2021
- Volunteer and owners work can be used as match only

Requirements

- Proof of purchase: receipts, invoices, bills of sale
- Time sheets for Volunteer or Owners hours worked on project

If anyone has a property that is in a Flood Zone you need to let the office know as soon as possible.

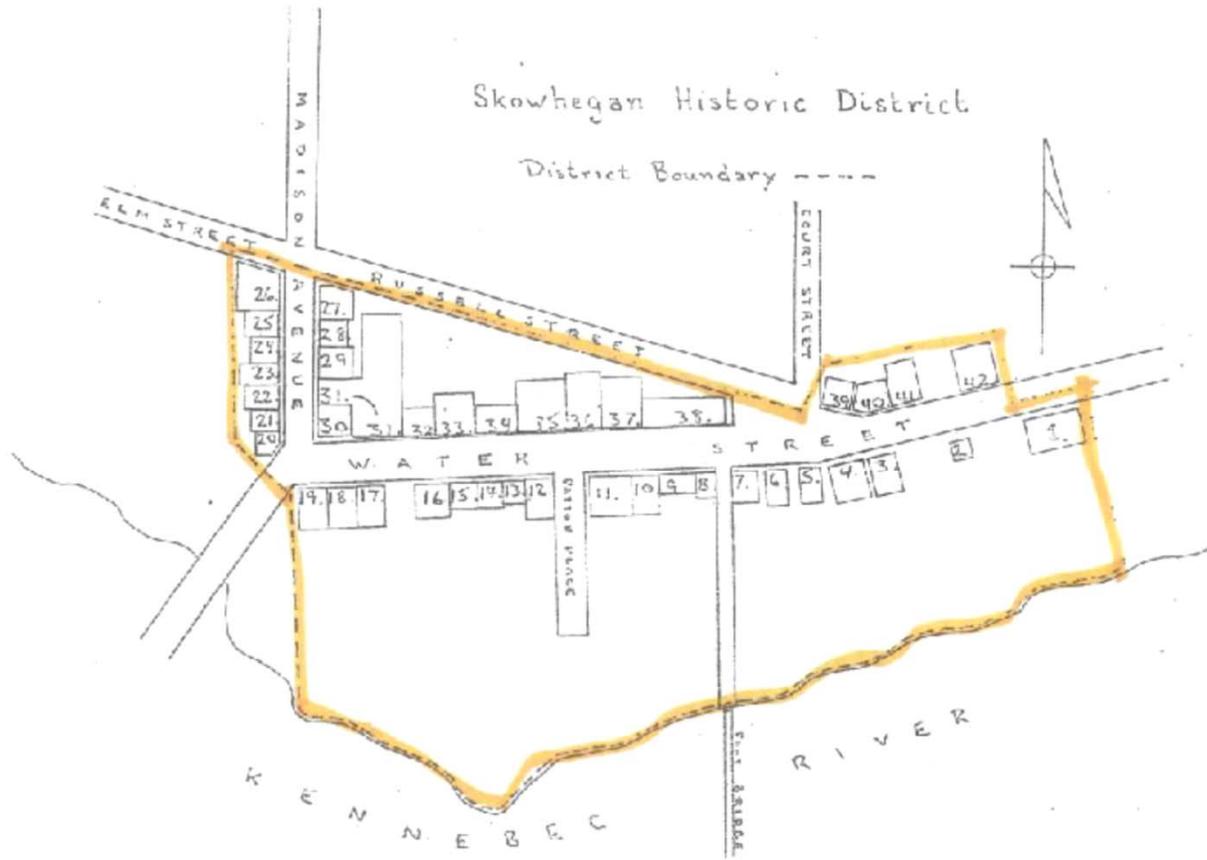
HISTORICAL

2. SKOWHEGAN HISTORIC NR DISTRICT



Skowhegan Historic District

District Boundary - - - -



SURVEY MAP NO. _____

SURVEY MAP NAME _____

MMPC USE ONLY

INVENTORY NO. _____

MAINE HISTORIC PRESERVATION COMMISSION
Historic Building/Structure Survey Form

1. PROPERTY NAME (HISTORIC): _____

2. PROPERTY NAME (OTHER): _____

3. STREET ADDRESS: _____

4. TOWN: _____ 5. COUNTY: _____

6. DATE RECORDED: _____ 7. SURVEYOR: _____

8. OWNER NAME: _____ ADDRESS: _____

9. PRIMARY USE (PRESENT):
- | | | | |
|---|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> SINGLE FAMILY | <input type="checkbox"/> AGR. CULTURE | <input type="checkbox"/> COMMERCIAL/TRADE | <input type="checkbox"/> FUNERARY |
| <input type="checkbox"/> MULTI-FAMILY | <input type="checkbox"/> GOVERNMENTAL | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> HEALTH CARE |
| <input type="checkbox"/> INDUSTRY | <input type="checkbox"/> RELIGIOUS | <input type="checkbox"/> HOTEL | <input type="checkbox"/> LANDSCAPE |
| <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> DEFENSE | <input type="checkbox"/> SUMMER COTTAGE/CAMP | <input type="checkbox"/> SOCIAL |
| <input type="checkbox"/> RECREATION/CULTURE | <input type="checkbox"/> UNKNOWN | | |
| <input type="checkbox"/> OTHER _____ | | | |

10. CONDITION: GOOD FAIR POOR DESTROYED, DATE

ARCHITECTURAL DATA

11. PRIMARY STYLISTIC CATEGORY:
- | | | | |
|---|---|---|--|
| <input type="checkbox"/> COLONIAL | <input type="checkbox"/> STICK STYLE | <input type="checkbox"/> NEO-CLASSICAL REV. | <input type="checkbox"/> FOUR SQUARE |
| <input type="checkbox"/> FEDERAL | <input type="checkbox"/> QUEEN ANNE | <input type="checkbox"/> RENAISSANCE REV. | <input type="checkbox"/> ART DECO |
| <input type="checkbox"/> GREEK REVIVAL | <input type="checkbox"/> SHINGLE STYLE | <input type="checkbox"/> 19TH/20TH C. REVIVAL | <input type="checkbox"/> INTERNATIONAL |
| <input type="checkbox"/> GOTHIC REVIVAL | <input type="checkbox"/> R. ROMANESQUE | <input type="checkbox"/> ARTS & CRAFTS | <input type="checkbox"/> RANCH |
| <input type="checkbox"/> ITALIANATE | <input type="checkbox"/> ROMANESQUE | <input type="checkbox"/> BUNGALOW | <input type="checkbox"/> VERNACULAR |
| <input type="checkbox"/> SECOND EMPIRE | <input type="checkbox"/> HIGH VIC. GOTHIC | <input type="checkbox"/> OTHER _____ | |

12. OTHER STYLISTIC CATEGORY:
- | | | | |
|---|---|---|--|
| <input type="checkbox"/> COLONIAL | <input type="checkbox"/> STICK STYLE | <input type="checkbox"/> NEO-CLASSICAL REV. | <input type="checkbox"/> FOUR SQUARE |
| <input type="checkbox"/> FEDERAL | <input type="checkbox"/> QUEEN ANNE | <input type="checkbox"/> RENAISSANCE REV. | <input type="checkbox"/> ART DECO |
| <input type="checkbox"/> GREEK REVIVAL | <input type="checkbox"/> SHINGLE STYLE | <input type="checkbox"/> 19TH/20TH C. REVIVAL | <input type="checkbox"/> INTERNATIONAL |
| <input type="checkbox"/> GOTHIC REVIVAL | <input type="checkbox"/> R. ROMANESQUE | <input type="checkbox"/> ARTS & CRAFTS | <input type="checkbox"/> RANCH |
| <input type="checkbox"/> ITALIANATE | <input type="checkbox"/> ROMANESQUE | <input type="checkbox"/> BUNGALOW | <input type="checkbox"/> VERNACULAR |
| <input type="checkbox"/> SECOND EMPIRE | <input type="checkbox"/> HIGH VIC. GOTHIC | <input type="checkbox"/> OTHER _____ | |

13. HEIGHT: 1 STORY 1 1/2 STORY 2 STORY 2 1/2 STORY 3 STORY 4 STORY
 5 STORY OVER 5 _____

14. PRIMARY FACADE WIDTH (MAIN BLOCK; USE GROUND FLOOR): 1 BAY 2 BAY 3 BAY 4 BAY 5 BAY MORE THAN 5 (____)

15. APPENDAGES: SIDE ELL REAR ELL FRONT ADDED STORIES SHED
 DORMERS PORCH TOWER CUPOLA BAY WINDOW

PHOTOGRAPH:

16. PORCH: ATTACHED FULL WIDTH ENGAGED WRAPAROUND ONE STORY SLEEPING PORCH MORE THAN ONE STORY SECONDARY PORCH
17. PLAN: HALL AND PARLOR BACK HALL 1/2 CAPE IRREGULAR CENTRAL HALL OTHER SIDE HALL
18. PRIMARY STRUCTURAL SYSTEM: TIMBER FRAME CONCRETE FRAME CONSTRUCTION TYPE UNKNOWN BRACED FRAME STEEL BRICK LOG OTHER STONE PLANK WALL BALLOON FRAME PLATFORM FRAME
19. CHIMNEY PLACEMENT: INTERIOR OTHER INTERIOR FRONT/REAR CENTER INTERIOR END EXTERIOR
20. ROOF CONFIGURATION: GABLE SIDE GAMBREL COMPOUND GABLE FRONT PARAPET GABLE OTHER HIP SHED MANSARD CROSS FLAT GABLE
21. ROOF MATERIAL: WOOD METAL TILE SLATE ASPHALT ASPH/SHOS
22. EXTERIOR WALL MATERIALS: CLAPBOARD LOG GRANITE OTHER BRICK PRESSED METAL ASBESTOS F.LUSH SHEATHING CONCRETE TERRA COTTA WOOD SHINGLE STUCCO BOARD AND BATTEN STONE ASPHALT ALUMINUM/VINYL
23. FOUNDATION MATERIAL: FIELDSTONE OTHER BRICK WOOD CONCRETE GRANITE ORNAMENTAL CONC. BLOCK
24. OUTBUILDINGS/FEATURES: CARRIAGE HOUSE BARN (DETACHED) GARAGE FENCE OR WALL FORMA. GARDEN OTHER CEMETERY LANDSCAPE/PLANT MAT. BARN (CONNECTED) ARCHAEOLOGICAL SITE

HISTORICAL DATA

25. DOCUMENTED DATE OF CONSTRUCTION: _____ 26. ESTIMATED DATE OF CONSTRUCTION: _____
27. DATE MAJOR ADDITIONS/ALTERATIONS: _____
28. ARCHITECT: _____ 29. CONTRACTOR: _____
30. ORIGINAL OWNER: _____
31. SUBSEQUENT SIGNIFICANT OWNER: _____ DATES: _____
32. CULTURAL/ETHNIC AFFILIATION: ENGLISH EAST EUROPEAN FRENCH/ACADIAN/IRISH NATIVE AMERICAN OTHER SCOTTISH FRENCH CANADIAN
33. HISTORIC CONTEXT(S): COMMERCE RELIGION ART, LIT, SCIENCE INDUSTRY CIVIC AFFAIRS SOCIAL TRANSPORTATION RECREATION AGRICULTURE FABRICATION MILITARY EDUCATION
34. COMMENTS/SOURCES: _____

35. HISTORICAL DRAWINGS EXIST: YES NO LOCATION: _____

ENVIRONMENTAL DATA

36. SITE INTEGRITY: ORIGINAL MOVED DATE MOVED _____
37. SETTING: RURAL/UNDISTURBED RURAL/SUILT UP SMALL TOWN URBAN SUBURBAN
38. QUADRANGLE MAP USED: _____ QUADRANGLE #:
39. UTM NORTHING: _____ 40. UTM EASTING: _____
41. FAÇADE DIRECTION (CIRCLE ONE): N S E W NE NW SE SW
- MIPC USE ONLY
- DATE ENTERED IN INVENTORY: _____ PHOTO FILE #: _____
- NR STATUS: L HD C NE ND REVIEWER _____
- DATA SOURCE: HP CLG R&C STAFF STATE SURVEY OTHER _____ LEVEL OF SURVEY: R I
- ASSOCIATED INVENTORY NUMBERS: _____

DOCUMENTATION OF SPOT BLIGHT

MAINE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

(For sites outside of a designated slum and blight area only. You must attach a photo of the site.)

Community: Skowhegan Date: 1/17/17

Name or description of building/site: Old Mill Pub

Address of site: 39 Water St.

Skowhegan

Census Tract: 956600J Age of Building: 1907

Description of specific conditions of blight or physical decay of site: The windows on the 2nd floor need to be updated to energy efficient windows, trim around the windows need to be scraped, repaired, primed and repainted. The sign on the north side of the building is showing signs of aging and needs to be updated.

Why is this site detrimental to public health and safety? The existing windows need to be updated to energy efficient windows. Trim work needs to be completed to stop deterioration of existing trim.

Certification

(Must be signed by Code Enforcement Officer, Building Inspector, etc.)

I hereby certify that to the best of my knowledge and experience the site indicated above is blighted in nature, and furthermore is a threat to public health and safety.

[Signature]
Authorized Signature

1/20/17
Date

Randall D. Gray - Code Enforcement Officer
Printed Name & Title

Old Mill Pub
39 Water St
Dore Group LLC



North Side of Building

Sign on building showing signs of aging.

Windows on 2nd floor are in need of updating to energy efficient windows.



East side of Business

2nd floor door needs to be updated to an energy efficient door.



West Side of building

 A photograph of a three-story brick building with a gabled roof and a balcony on the second floor. The building is situated on a hillside with greenery in the foreground.	<p>West, South side of building</p> <p>2nd floor windows need to be updated to energy efficient windows. Existing window trim needs to be scraped, primed, and repainted.</p>  A close-up photograph of a window with white trim set in a brick wall. The window has a white frame and a white sill.

Director, Jeff Hewett
E-mail: jhewett@skowhegan.org

Secretary, Renee Belliveau
E-mail: rbelliveau@skowhegan.org



Town of Skowhegan
Office of Economic & Community Development
225 Water Street
Skowhegan, Maine 04976



Phone (207) 474-6905
Fax (207) 474-9413

February 16, 2022

Don Skillings
State Farm Insurance
217 Madison Ave
Skowhegan, ME 04976

Dear Applicant,

This letter is to inform you that your application has the following approvals:

Date	Approvals
12/07/2021	State Contract signed
N/A	Approval of project in Floodplain
02/15/2022	Façade Committee Approval, at an amount not to exceed ten thousand dollars (\$10, 000)
12/20/2021	Your project has received Historical Clearance
04/01/2021	Your project has received Slum and Blight Clearance

This approval is subject to the following items:

- All services need a publication of your needs; we will work with you to group ads for service
- Supplies need minimum of 3 bids
- Match dollars support documentation is provided to our office (Partial Match Documented)
- No checks will be given out until you provide documentation of your expenditure of your match
- If a contractor is involved, a pre-bid meeting with all bidders is needed to go over Davis-Bacon Wage Rates and other regulations.

Status of your project: **Your project has been approved to move forward with the bid process.**

Please remember that the approved grant amount, in the above approval section, is the maximum amount you will receive. If your project goes over that amount, you are responsible for payment. If you have any questions, please contact the office at 207-474-6905 or feel free to stop by.

Respectfully,

Jeff Hewett
Director, Economic & Community Development
Town of Skowhegan

This is a
sample
approval letter
every project
will have to
have before
project is
advertised or
supplies for
project are
purchased

After approval has been given

All projects must have 3 quotes and the lowest cost contractor or supplier has to be used. Make sure when you bid out you are very clear on what experience is required.

All contractors have to supply payroll records for time on project on weekly basis.

Owners must have a preconstruction meeting to ensure that contractors have proper paper work.

All project under \$10,000 must follow “contract provisions under \$10,000”

All projects must have insurance requirements met before any funding is paid out.

Payroll Processing

Before any grant funds are expended on a project, payroll for the time period along with all cost material receipts need to be sent into the Economic & Community Development Office.

Please put the name of you project on the envelope or in the subject matter of the email.

rbelliveau@skowhegan.org

Town of Skowhegan

Attn: Renee Belliveau

225 Water Street

Skowhegan, Maine 04976

Example of Weekly Payroll

U.S. Department of Labor **Contractor Classification** **Contractor Business Name** **PAYROLL**
 Employment Standards Administration
 Wage and Hour Division
 (For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)
 Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR: **Some Important Contractor** ADDRESS: 987 Path Dr., Central Town, NE 68542
 OMB No.: 1215-0149 Expires: 09/31/2006

PAYROLL NO. **#1** — **Optional** FOR WEEK ENDING: **5/10/03** PROJECT AND LOCATION: Street Project in Central Town PROJECT OR CONTRACT NO.: 93-PW-291

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGE PAID FOR WEEK
			Su	Mo	Tu	We	Th	Fr	Sa				FICA	WITH-HOLDING TAX	NE W/E	Medical	OTHER	
Abram Doe 123 Anytime Drive Some, NE 68555 111-1111-1111	0	Rubber Tire Tractor	5/04	5/05	5/06	5/07	5/08	5/09	5/10	2.00	\$13.75	\$217.50	\$16.25	\$20.00	\$4.13	\$1.25	\$41.63	\$279
			HOURS WORKED EACH DAY							20.00	\$8.50 / 1.00	\$321.25						
			Overtime Pay							0.00	Standard Pay / Fringes	\$0.00						
									0.00		\$0.00					\$0.00	\$0.00	

Example of Weekly Payroll

PAYROLL

(Optional Use; See Instructions, Form WH-347 Inst.) Contractor Address

to the collection of information unless it displays a currently valid OMB control number.



Name of Important Contractor				ADDRESS 987 Path Dr., Central Town, NE 68542					OMB No.: 1215-0149 Expires: 03/31/2006				
PROJECT AND LOCATION Street Project in Central Town				PROJECT OR CONTRACT NO. 93-PW-291									
WEEK END DATE				(5)	(6)	(7)	(8) DEDUCTIONS				(9)		
We	Th	Fr	Sa	Type of Project and Location			Project Number				NET WAGES PAID FOR WEEK		
5/07	5/08	5/09	5/10	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH-HOLDING TAX	NE W/H	Medical	OTHER	TOTAL DEDUCTIONS	FOR WEEK
WORKED EACH DAY													
		2.00		2.00	\$13.75	\$217.50	\$16.25	\$20.00	\$4.13	\$1.25		\$41.63	\$279.62
4.00	6.00	2.00		20.00	\$8.50 / 1.00	\$321.25							
				0.00		\$0.00						\$0.00	\$0.00
				0.00	/								
				0.00		\$0.00							

Generally Standard Withholdings

If "Other," need explanation and employee sign off

Total Paid for this week

General Decision Number: ME180088 02/02/2018 ME88

Superseded General Decision Number: ME20170088

State: Maine

Construction Type: Building

County: Somerset County in Maine

BUILDING CONSTRUCTION PROJECTS (does not include single family homes or apartments up to and including 4 stories). Note: Under Executive Order (EO) 13658, an hourly minimum wage of \$10.35 for calendar year 2018 applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least \$10.35 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2018. The EO minimum wage rate will be adjusted annually. Please note that this EO applies to the above-mentioned types of contracts entered into by the federal government that are subject to the Davis-Bacon Act itself, but it does not apply to contracts subject only to the Davis-Bacon Related Acts, including those set forth at 29 CFR 5.1(a)(2)-(60). Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

Modification Number Publication Date
0 01/05/2018
1 02/02/2018

BRMA003-013 03/01/2017

Rates Fringes

BRICKLAYER.....\$ 30.36 22.01

ELEV004-006 01/01/2018

Rates Fringes

ELEVATOR MECHANIC.....\$ 57.62 32.65

IRON007-034 09/16/2017

Rates Fringes

IRONWORKER (ORNAMENTAL AND SETTING).....\$ 24.79 21.55

LABO0327-003 07/01/2016

Rates Fringes

LABORER: Common or General (Industrial Work Only).....\$ 17.30 15.22

SUXE2014-021 01/31/2017

Rates Fringes

CARPENTER, Includes Drywall Hanging, and Metal Stud Installation.....\$ 19.56 7.13

CRUMENT MASON/CONCRETE FINISHER...\$ 18.13 3.82

DRYWALL FINISHER/TAPER.....\$ 16.84 2.87

ELECTRICIAN.....\$ 25.27 5.30

IRONWORKER, STRUCTURAL.....\$ 22.61 8.67

LABORER: Common or General.....\$ 11.36 0.30

LABORER: Mason Tender - Brick...\$ 18.33 2.01

OPERATOR: Backhoe/Excavator/Trackhoe.....\$ 20.42 3.12

OPERATOR: Crane.....\$ 23.98 7.46

PAINTER (Brush and Roller).....\$ 15.86 2.66

PLUMBER, Includes HVAC Pipe Installation.....\$ 20.35 5.09

SHEET METAL WORKER, Includes HVAC Duct Installation.....\$ 16.97 1.92

TRUCK DRIVER: Dump Truck.....\$ 14.79 2.53

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons

resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (4)).

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of "identifiers" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than "SU" or "UAVG" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-003 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 003 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

Survey Rate Identifiers

Classifications listed under the "SU" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007

in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

Wage

Rates

Labor Signage on Site

EMPLOYEE RIGHTS UNDER THE DAVIS-BACON ACT FOR LABORERS AND MECHANICS EMPLOYED ON FEDERAL OR FEDERALLY ASSISTED CONSTRUCTION PROJECTS

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PREVAILING WAGES	You must be paid not less than the wage rate listed in the Davis-Bacon Wage Decision posted with this Notice for the work you perform.
OVERTIME	You must be paid not less than one and one-half times your basic rate of pay for all hours worked over 40 in a work week. There are few exceptions.
ENFORCEMENT	Contract payments can be withheld to ensure workers receive wages and overtime pay due, and liquidated damages may apply if overtime pay requirements are not met. Davis-Bacon contract clauses allow contract termination and debarment of contractors from future federal contracts for up to three years. A contractor who falsifies certified payroll records or induces wage kickbacks may be subject to civil or criminal prosecution, fines and/or imprisonment.
APPRENTICES	Apprentice rates apply only to apprentices properly registered under approved Federal or State apprenticeship programs.
PROPER PAY	If you do not receive proper pay, or require further information on the applicable wages, contact the Contracting Officer listed below:

or contact the U.S. Department of Labor's Wage and Hour Division.



For additional information:
1-866-4-USWAGE
(1-866-487-9243) TTY: 1-877-889-5627



WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division

WH 1321 (Revised April 2009)

Wage Determinations need to be posted for employees

Equal Employment Opportunity is

THE LAW

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 690-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

Any one has any questions please contact:

Jeff Hewett, E & C Dev. Director

(207) 474-6905

225 Water Street

Skowhegan, Maine 04976

jhewett@skowhegan.org

Renee Belliveau, Admin. Assistant

(207) 474-6905

225 Water Street

Skowhegan, Maine 04976

rbelliveau@skowhegan.org