

Date Received: _____

Time Received: _____

Silver Bay Neighborhood Revitalization Mini-Grant Application Policy

The City of Silver Bay (CITY) in partnership with the Lake County Housing & Redevelopment Authority (LCHRA) has developed a neighborhood revitalization mini-grant program to help make improvements to the exterior of properties within the city limits of Silver Bay to enhance curb appeal throughout the neighborhoods and show pride in business and home ownership. Residents and Businesses are eligible to apply. There is no income limit.

Mini-Grant Rules:

1. You must live or own a building in the city limits of Silver Bay.
2. You must own your building or have written permission from the owner allowing you to make said changes.
3. The grant is for EXTERIOR improvements only. Receipts for material reimbursement is required. Only labor performed by a licensed contractor are eligible for reimbursement.
4. By signing the application and receiving grant funds, you agree and consent that the CITY and the LCHRA can utilize your photos for grant writing, project reports, and publicity of the program without obtaining separate written permission from you.
5. By signing the application and receiving grant funds, you agree and acknowledge that the CITY and the LCHRA are not responsible or liable for any property damage or personal injuries related to or arising from any work on your improvement project.
6. The maximum grant request is \$500; no amount is too small.
7. The City of Silver Bay retains the right to deny or reject any application with or without cause.
8. Projects will not qualify if you've received grant money in past years for the same project. For example: seal coating driveways.
9. There shall be no reimbursement or payments made for repair work or improvements performed or completed prior to CITY action on your grant application.
10. The grants will be distributed first-come, first-served beginning 8:00 a.m. on May 2, 2022 and will continue until funds are no longer available.
11. Proof of Property Ownership is required (i.e. A copy of your Warranty Deed is proof of ownership. Tax documents are not considered proof of ownership).
12. Proof that Property Taxes and Utilities are current. Any property with delinquent taxes or utilities will not be approved.
13. Proof of City Permit(s) obtained (if required).
14. Proof of required inspections obtained (if required).
15. Only one application per address is allowed per year.
16. Preference will be given to applicants who have not been previously funded.

Mini-Grant application Process:

1. Submit a photo (preferably electronic, to lanaf@silverbay.com) of the disrepair you plan to improve or submit the photo along with the Neighborhood Revitalization Mini-Grant Application to the City of Silver Bay. **Hand Delivered or Mailed:** to Silver Bay City Hall, 7 Davis Drive, Silver Bay, MN 55614
2. After written notification of approval from the City Administrator, you will pay for and complete approved repairs within 21 days from the start date noted in the written notification of approval. **Reimbursement will not be made for receipts outside of the project dates provided by the City.**
3. Following completion of the approved repairs, you must submit an "after" photo (electronic preferably) of the project and all receipts for reimbursement.

I have read, understand and hereby agree to the above terms and conditions of this Silver Bay Neighborhood Revitalization Mini-Grant Application Policy.

Applicant Signature

Date

Silver Bay Neighborhood Revitalization Mini-Grant Application

Please complete the following and submit to the City of Silver Bay, City Hall, 7 Davis Drive, Silver Bay, MN 55614

Applicant Name: _____

Address: _____

Phone: _____ **E-mail:** _____

Property Owner Name: _____

Who's performing work? _____ Self _____ Contractor
(Please note that only licensed contractor expense is eligible for reimbursement)

If Contractor: Name of Contractor: _____

Address of Contractor: _____

Phone Number: _____

License #: _____

I would like the mini-grant for the following improvement(s): *Tools and insurance deductibles are **NOT** reimbursable.*

___ House/Garage Windows ___ Siding ___ Roofing ___ House/Garage Doors
___ Driveway (asphalt/concrete) ___ Sidewalks ___ Fencing ___ Rain Gutters
___ House/Garage Painting ___ Steps/Decks ___ Sheds ___ Exterior Lighting
___ Soffit/Fascia ___ Other (please describe): _____

Describe improvement plans (Required): _____

Please note reimbursement will not be made for trees/plants/flowers, landscaping, personal decorative items, tree removal, infrastructure improvements, or projects that do not show a visual improvement as determined by the City.

Total Project Cost: \$ _____ (Include **TOTAL** investment to project)

Amount requested for reimbursement: \$ _____ (maximum amount is \$500)

___ I have read and understand the attached policy, and I hereby agree to the terms and conditions set forth in the policy. I have submitted a digital "before" picture.

___ As the Owner of the said property, I approve the applicant to have such improvements made to my property.

Applicant Signature

Date

Owner Signature

Date

Office use only:

Date of application: _____

Date of receipt of "before" photo _____

Building Official Review: _____

Date of receipt of "after" photo _____

Date reimbursed: _____ **Amount reimbursed:** _____ **Total Project Costs:** _____
(Include all investment to project)

Signature: _____

Printed Name: _____