



City of Black Hawk
Community Planning and Development
211 Church Street
P.O. Box 68
Black Hawk, CO 80422
Ph: 303-582-0615 / 303-582-2223
CPDinquiry@cityofblackhawk.org

Grant No: _____
Project No: _____

For Office Use Only

RESIDENTIAL EXTERIOR PAINT PROGRAM APPLICATION

GENERAL INFORMATION:

Grant Year: _____

Today's Date: _____

Property Street Address: _____

Owner(s): _____

Owner(s) Mailing Address: _____

Owner(s) Telephone No.: (H) _____ (W) _____ (Cell) _____

Owner Email Address: _____

Contact Person (if different from owner) _____

Contact Telephone No.: (H) _____ (W) _____ (Cell) _____

Contact Email Address: _____

Applications can be made by individuals other than the Property Owner with the Owner's written permission. Written permission must be in the form of a signed and notarized 'Power-of-Attorney' attached to the application.

Completing an application does not guarantee project funding. After the Property Owner applies, the City staff meets with the Owner to introduce the Program. If the Property Owner elects to move forward, a current condition report and work scope are created and provided to the City's Paint Consultant for pricing. Staff submits applications to the City Manager for review with approval, conditional approval, or denial by City Council. The Property Owner is notified by May 27, 2021, if their project received funding. Painting gets underway June 1, 2021, with staggered start dates and ends by September 30, 2021.

The process for determining payment of Federal and State income tax liability is attached hereto as **Exhibit A**.

Property Owner Signature

Date

CITY USE ONLY - DO NOT WRITE BELOW THIS LINE.

Date Received: _____

Property Address: _____

Grant No.: _____

Review Date: _____

Reviewed By: *City Manager* *City Council*

Decision: *Approved* *Conditional Approval* *Denial*

Conditional Approval Comments or Denial Comments:

Associated Building Permit Number: _____

Authorization Staff Signature: _____

Date: _____

Exhibit A
Income Tax Liability

City of Black Hawk
Attn: Finance Director
P.O. Box 68
Black Hawk, CO 80422

Dear Sir or Madam:

I (We) have completed our Federal and State Tax Returns for tax year 20_____, and I (we) are requesting the City of Black Hawk issue a check to cover our total Federal income tax liability for receipt of the exterior residential property painting grant for my (our) property located at _____ in the amount of \$_____.

I (We) certify that for the Federal Income Tax Return filed for tax year 20_____, my (our) tax liability is \$_____ and my (our) tax liability would have been \$_____ without reporting the grant.

AND

I (We) certify that I (we) will not submit an application for the Colorado Historical Preservation Income Tax Credit and I (We) certify that for the State Income Tax Return filed for tax year 20_____, my (our) tax liability is \$_____ and my (our) tax liability would have been \$_____ without reporting the grant.

I (We) certify that the above information is true and correct. To the extent the information is not correct, I (we) understand that I (we) may be held personally liable to repay all money received hereunder, and to pay interest, costs, and attorneys' fees incurred by the City of Black Hawk in collecting such amounts, and that I (we) may also be subject to criminal prosecution.

Sincerely,

Signature / Date

Signature / Date



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RESIDENTIAL EXTERIOR PAINT PROGRAM
CHECK AND PAYMENT REQUEST FORM

FEDERAL AND STATE TAX LIABILITY REIMBURSEMENT

Grant Year: _____ Today's Date: _____

Property Street Address: _____

Applicant: _____
 (As it appears on the Grant, please print)

Mailing Address: _____

Telephone No.: _____

Check Payable To: _____

Tax Liability Grant Amount: \$ _____

Federal Tax Amount Requested: \$ _____ (010-1101-4115813)

State Tax Amount Requested: \$ _____ (010-1101-4115813)

All requests for payment **must be** supported with a copy of a letter from the Certified Public Accountant specifying the specific tax liability amount for the tax year in question associated with the receipt of a grant pursuant to the General Fund Exterior Paint Grant Program, or a copy of the grant recipient's fully executed Federal **and** State tax return for the tax year in question indicating the specific tax liability associated with the receipt of a grant pursuant to the General Fund Exterior Paint Grant Program and a fully executed document in the form attached hereto as **Exhibit A – Income Tax Liability** and incorporated herein by this reference, signed by the grant recipient(s).

Incomplete or partial submittals will not be considered. The City reserves the right to refuse payment of any request, which does not provide the necessary information, or that is not covered by the grant awarded.

Payments will be issued in accordance with City Procedures, no exceptions.

I hereby acknowledge that all of the information provided in support of this payment request is accurate and correct.

Owner's Signature: _____ Signature / Date _____ Signature / Date _____

Staff Review Only. Do not write below this line.

Payment Request: Approved Denied Date: _____ By: _____

Comments or Conditions: _____

Authorization Signature: _____ Date: _____