



Commercial Property Revitalization Program

Mission Statement

This program provides loans and grants to give businesses a strong competitive advantage and increase long-term profits. Façade improvements can attract customers by presenting an attractive, welcoming image.

Eligibility Requirements

Property owners or tenants along Detroit and Madison Avenue, W. 117th Street or Berea Road are eligible to apply for the program. A comprehensive improvement to the building's façade in accordance with the architectural standards of the City of Lakewood and the Lakewood Sign Ordinance, in addition to Federal requirements, is mandatory in order to be eligible for the incentives provided through the CPR program.

Incentives for Qualified Projects

LOAN 0% loan up to 80% of eligible cost, or a maximum of \$50,000 per project. In addition, minor rebates available for architectural fees, signage, exterior accessibility improvements designed to use best efforts to meet ADAAG guidelines, and electrical code improvements.

REBATE Rebates up to 40% of total eligible costs, not to exceed a maximum of \$30,000 per project.

Eligible Improvements

Exterior improvements completed in accordance with The Secretary of the Interior's Standards for Rehabilitation include, but are not limited to: brick re-pointing and cleaning, replacement of bulkhead and tile work, roof repair/replacement, carpentry, masonry, door and window replacement, exterior accessibility improvements to use best efforts to meet ADAAG guidelines, parking lot aesthetic site improvements, signage and sidewalk/streetscape improvements should it be deemed necessary by the City. Interior code improvements when completed in conjunction with exterior façade improvements shall include: electrical, plumbing and structural repairs/renovations.



DIVISION OF COMMUNITY DEVELOPMENT
Department of Planning & Development
12650 Detroit Ave • 44107 • 216/529-6637 • FAX 216/529-5936

**COMMERCIAL PROPERTY
REVITALIZATION (CPR) PROGRAM**

PART I: PRELIMINARY APPLICATION

**YOU ARE REQUIRED TO SUBMIT A CLEAR COLOR PHOTO OF EXISTING
CONDITION WITH THIS APPLICATION.**

(ELECTRONIC SUBMISSIONS ARE PREFERRED.)

Date Received by Division of Community Development: _____

PART I: PRELIMINARY APPLICATION

(To be completed by Division of Community Development with the Applicant)

A. Previous Storefront Program Participation

Has the building been rehabilitated previously through the Storefront Renovation Program/
Commercial Property Revitalization Program (CPR)?

Yes No

- If yes, list month/year _____
- If yes, is Applicant same individual(s) who participated previously in program?
 Yes No

B. Application Information

1. Applicant(s) Name(s) (List all legal owners)

Check where appropriate and attach information requested:

Applicant is (check one):

- Building owner(s) (Attach copy of property deed)
- Corporation (Attach Corporate Resolution authorizing participation in CPR Program)
- Non-Profit Organization (Attach the following items)
 - Current list of Board Members and Board President or Chairperson
 - IRS Tax-except status and federal identification number
 - Board resolution authorizing participation in CPR Program
- Tenant (Attach the following items)
 - Copy of your leasehold agreement for a minimum of one year
 - Original copy of letter written and signed by the building owner approving tenant's financial involvement and comprehensive exterior participation in the CPR Program
 - If tenant is a Corporation, attach a copy of Corporate Resolution authorizing participation in the Commercial Property Revitalization (CPR) Program

Note: Tenants are not eligible to participate in the loan component of the CPR Program.

2. Name of Building/Project: _____

3. Building Address: _____

4. Applicant(s) Home Address: _____

5. Applicant(s) Business or Daytime Telephone Number : _____ - _____

_____ - _____

6. Applicant(s) E-mail address: _____

C. Building Information/General Statistics

1. Mortgage(s) currently on the building

N/A No mortgage 1st Mortgage 2nd Mortgage

2. Is the property currently tax delinquent? Yes No

3. Number of storefronts in the building: _____

4. Number of storefronts currently occupied: _____

5. Number of businesses operating within the building: _____

6. Does the building contain apartment units? Yes No

If yes, how many units? _____

D. Business(es)/Merchants(s) Information

Business Name	Merchant Name	Telephone Number
---------------	---------------	------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional page if necessary)

E. Applicant's Proposed Improvements and Investment

1. Architect's Name: _____

Company Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

ATTACHMENT A

1. The Applicant is interested in making the following exterior improvements:
(check all that are applicable)

a. Exterior Improvements

General	Repair	Replace	Install
Building Signage			
Storefront windows			
Upper floor windows			
Awnings			
Brick or stone			
Siding			
Roof			
Door			
Accessibility Improvements	Repair	Replace	Install
Carpentry	Repair	Replace	Install

b. Aesthetic Site Improvements

Parking Lot	Repair	Replace	Install
Screening			
Landscaping			
Lighting			
Paving			
Streetscape			
Sidewalks			
Other			

2. The applicant is interested in making the following interior improvements:
(check all that are applicable)

a. Interior Improvements

Structural	Repair	Replace	Install
Electrical			
Plumbing			

3. Other proposed improvements:

Property Address

Building/Project Name

Date

4. The Applicant estimates spending the following on the above improvements.
 Selection does not include potential rebate amount.

a. Amount

	\$0 - 5,000		\$30,000 – 35,000
	\$5,000 – 10,000		\$35,000 – 40,000
	\$10,000 – 15,000		\$40,000 – 45,000
	\$15,000 – 20,000		\$45,000 – 50,000
	\$20,000 – 25,000		\$50,000 +
	\$25,000 – 30,000		

b. Month/Year Applicant would like project to begin construction: _____

c. Upon successful completion of the project, the City of Lakewood shall issue the rebate check made payable to:

d. It is not possible for the city to issue checks without a DUNS number. If you do not have your DUNS number one can be obtained at <http://fedgov.dnb.com/webform>.

 Name (Please Print)

 Signature

 Date



COMMERCIAL PROPERTY REVITALIZATION PROGRAM

Property Address: _____

Property Owner: _____
(Please Print Clearly)

Pursuant to the guidelines outlined in Exhibit A, the above named property owner desires to participate in this program.

Said property owner proposes the following exterior building repairs/renovations and/or interior building code improvements as shown on Attachment A.

I have reviewed the proposed repairs/renovations listed above and have determined the eligibility of said property owner participating in this program.

CPR Program Representative

Date: _____

The property owner acknowledges that all of the proposed repairs/renovations listed above (and any additional requirements as determined by the Building Commissioner) will require approval by the Architectural Board of Review as one of the components of the program.

Property Owner Print Name

Property Owner Signature

Date: _____



12650 Detroit Avenue • 44107 • 216/529-6630 • FAX 216/529-5936
Website: www.ci.lakewood.oh.us

DEPARTMENT OF PLANNING & DEVELOPMENT
Division of Community Development

**AUTHORIZATION AND RELEASE OF CONFIDENTIAL INFORMATION
Re: APPLICATION for LOAN through CITY OF LAKEWOOD**

I/We, _____ (applicant/co-applicant),
in making application for a loan or other financial assistance through the City of
Lakewood, hereby authorize and release the City of Lakewood, Division of Community
Development, its agents and/or employees to obtain and access information relevant to
the loan application and evaluation process.

This release and authorization specifically includes, but is not limited to, a
complete credit report, municipal income tax information and records, municipal water
bill records, and the ability to repay any obligations arising out of the loan or other
financial assistance for which I am applying.

I/We understand that this information will be maintained in a confidential matter
pursuant to applicable federal, state and local privacy laws.

Date: _____

Applicant

Co-Applicant



12650 DETROIT AVENUE • 44107 • 216/529-6095 • FAX 216/529-6806

Dear Sir/Madam:

Enclosed you will find a Vendor Registration Form. To maintain the status of an active vendor and remain on the City's mailing and bid list, the enclosed form must be filled out completely and returned to the Purchasing Division of the City of Lakewood.

It is extremely important that you complete the commodity/service area of the registration form. If the commodity/service area is left blank, your company will not be notified of bids or be contacted to obtain price quotes for specific supplies or services.

Also enclosed is a request for your company's **TIN (Tax Identification Number)**, which must be filled out and returned with your Vendor Registration Form. The City is mandated by the I.R.S., Section 3406, to maintain a TIN for all vendors for reporting purposes.

If we do not receive your TIN, you will be subject to backup withholding at the rate set by the IRS of 28% on all further payments until your TIN is received.

Important information requested:

- A. If your remit to address is different from the order address, both addresses must be indicated on the form.
- B. A Federal Tax I.D. Number or Social Security Number must be indicated on the form.
- C. No payment will be made until your TIN is received.

Finally, a Code of Ethics Statement has been enclosed and must be returned as part of the Vendor Registration forms.

Mail the completed forms to:

City of Lakewood
Purchasing Division
12650 Detroit Ave.
Lakewood, OH 44107
Fax: (216) 529-6806





Vendor Registration and Mailing List Application

LIST THE NAMES OF ANY OF YOUR OFFICERS, EMPLOYEES, STOCK HOLDERS, OR ANYONE WITH A FINANCIAL INTEREST IN YOUR BUSINESS THAT IS EMPLOYED BY THE CITY OF LAKEWOOD IN ANY CAPACITY INCLUDING PART TIME, ELECTED OR APPOINTED.

I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS CORRECT AND THAT NEITHER THE APPLICANT NOR ANY PERSON (OR CONCERN) IN ANY CONNECTION WITH THE APPLICANT AS A PRINCIPAL OR OFFICER IS NOW DEBARRED OR OTHERWISE DECLARED INELIGIBLE BY ANY PUBLIC AGENCY FROM BIDDING FOR FURNISHING MATERIALS, SUPPLIES, OR SERVICES TO ANY PUBLIC AGENCY THEREOF.

SIGNATURE OF PERSON AUTHORIZED TO SIGN

NAME AND TITLE OF PERSON SIGNING (PLEASE PRINT OR TYPE)

VENDORS

BEFORE PROVIDING GOODS OR SERVICES, BE AWARE OF THE FOLLOWING IMPORTANT PROCEDURES:

1. A signed and completed W-9 must be on file in the Finance Department at the City of Lakewood prior to issuance of a Purchase Order.
2. A Purchase Order Number **must** be assigned for the purchase of goods or services.
3. Invoices will not be paid if a Purchase Order is not on file. Such invoices will be considered the responsibility of the individual placing the order.
4. **Vendors supplying goods or services without a Purchase Order Number do so at their own risk.**
5. All invoices and shipping documents must indicate the Purchase Order Number to which the billing applies. Invoices not referencing a Purchase Order Number will be returned to the vendor unpaid.

For City Use Only - Do Not Write In This Area

BV	1	2	3	4	5	6	7	8	9	10	DS	1	2	3	4	5	6	7	8	9	10	
VT	1	2	3	4	5	6	7	8	9	10	MS	1	2	Vendor No. _____								

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number

or

Employer identification number

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Exempt from backup withholding. If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Note: If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



CITY OF LAKEWOOD, OHIO

Code of Ethics for Vendors

The City of Lakewood, Ohio (City) considers the maintenance of public trust and confidence essential to its proper functioning, and accordingly has adopted this Vendor Code of Ethics. Vendors who do business with the City must avoid all situations where propriety or financial interests, or the opportunity for financial gain, could lead to favored treatment for any organization or individual. Vendors must also avoid circumstances and conduct which may not constitute actual wrongdoing, or a conflict of interest, but might nevertheless appear questionable to the general public, thus compromising the integrity of the City.

This code, adopted August 1, 2009, in compliance with Ohio Revised Code, Section § 3517.13 and laws governing The Ohio Ethics Commission.

This Code of Ethics shall be made part of each Request for Proposal (RFP), Request for Qualifications (RFQ), Bid, and Vendor Registration promulgated by the Division of Purchasing and be attached to every contract and agreement to which the City is a party. It shall be distributed to all current vendors and those who seek to do business with the City.

1. No vendor* shall employ a City official or employee in the business of the vendor or professional activity in which the vendor is involved with the City.
2. No vendor shall offer or provide any interest, financial or otherwise, direct or indirect, in the business of the vendor or professional activity in which the vendor is involved with a City official or employee.
3. No vendor shall cause or influence, or attempt to cause or influence any City employee in their official capacity in any manner, which might tend to impair the objectivity or independence of judgment of that City official or employee.
4. No vendor shall cause or influence, or attempt to cause or influence any City official or employee to use or attempt to use their official position to secure any unwarranted privileges or advantages for that vendor or for any other person.
5. No vendor shall offer any City official or employee any gift, favor, service or other thing of value under circumstances from which it might be reasonably inferred that such gift, service or other thing of value was given or offered for the purpose of influencing the recipient in the discharge of their official duties. In addition, officials or employees of the City will not be permitted to accept breakfasts, lunches, dinners, alcoholic beverages, tickets to entertainment and/or sporting events or any other item, which could be construed as having more than nominal value.

Acceptance of unsolicited advertising or promotional material of nominal value (such as inexpensive pens, pencils, or calendars) would also be permitted.

Any questions as to what is or is not acceptable or what constitutes proper conduct for a City official or employee should be referred to the Law Director or his/her designee.

6. This code is intended to augment, not to replace, existing administrative orders and the current City's Code of Ethics.

**Vendor is defined as any general contractor, subcontractor, consultant, person, firm, corporation or organization engaging in or seeking to do business with the City of Lakewood.*

Company Name: _____

Address	City	State	Zip Code
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Name: _____ Signature: _____

Title: _____ Date: _____

Storefront Renovation Submittal for Payment

In order for the City to process your CPR rebate, you must have a completed application and vendor registration packet on file with the Division of Community Development. Architectural Board of Review approval is necessary for exterior façade improvements and signage. All City building code requirements must be followed.

Additional documentation that must be submitted includes:

- Itemized summary of all project costs broken down by eligible* and non-eligible improvements. Only 40% of eligible repairs up to \$30,000 will be reimbursed to the applicant.
- Copies of contracts, cancelled checks, and invoices for work completed and being submitted for reimbursement. Material only invoices may be submitted for eligible costs.
- Payroll sheets and proof of wage determination if required. Davis Bacon (Prevailing Wages) applies if the applicant seeks reimbursement for labor costs. Wage determinations and payroll sheets can be found online at <http://www.dol.gov/whd/govcontracts/dbra.htm>. If the contractor is a sole proprietor (no employees), then labor costs are not subject to Davis Bacon.
- W-9
- Dunn's number. If the applicant does not have one, it may be requested online at <http://fedgov.dnb.com/webform>

*Eligible activities include all exterior work including roofing, interior mechanical and structural work, ADA activity inside or out including ADA bathrooms. Interior finish work is not eligible.

For questions or concerns contact:

Jason M. Russell

Community Development Project Specialist

P: 216.529.5933

F: 216.529.5907

E: jason.russell@lakewoodoh.net