

APPLICATION

**HANDICAPPED ACCESSIBILITY IMPROVEMENTS
GRANT PROGRAM
PRIVATE NON-PROFIT & FOR PROFIT PROPERTY OWNERS**

PROPERTY ADDRESS: _____ Pittsfield, Ma.

LEGAL NAME/ENTITY OF PROPERTY OWNER: _____

CONTACT PERSON: (If different from above): _____

MAILING ADDRESS OF CONTACT PERSON: _____

TELEPHONE: _____ FAX: _____

DUNS# _____

Please indicate what accessibility improvements you propose to install by completing the following section:

ACCESSIBILITY IMPROVEMENTS	TOTAL ESTIMATED COST	AMOUNT BY THIS GRANT	AMOUNT BY OTHER FUNDS
Exterior Ramp	_____	_____	_____
Interior Ramp	_____	_____	_____
Modify Main Entrance	_____	_____	_____
Interior Doors/Doorways	_____	_____	_____
Bathrooms	_____	_____	_____
Emergency Devices	_____	_____	_____
Elevator	_____	_____	_____
*Other (Please explain	_____	_____	_____
*Describe Accessibility Improvement:			_____

If private matching funds will be used to make improvements which are not related to handicapped accessibility please describe these improvements and include the estimated cost for each: _____

What are the sources of private matching funds? (list amount from each source) _____

Estimated start date of construction: _____

Estimated Completion Date: _____

As appropriate and if available, please provide floor plans, sketches, etc. of proposed work plus any other information (photocopies of product brochures) to assist us with verification of compliance with ADA design standards.

Additional information included: Yes _____ No _____

I hereby certify that I am the legal owner of the property identified above and that all of the information contained herein is true and correct.

I understand that I am applying for a grant. I further understand that all the terms and conditions of this funding.

I agree to be responsible for payment of all fees and costs associated with this project including, but not limited to, legal fees for the design fees, building permit fees, construction materials and labor.

I agree to provide additional information if requested to do so by the Department of Community Development should it be necessary to help them determine the eligibility of this application for funding or to comply with state or federal laws or regulations applicable to the proposed project.

I agree to permit City employees or agents of the City to inspect work funded by this program, while work is in progress and upon completion.

I certify that I or contractors doing work for me will adhere to Section 110 of the Housing and Community Development Act of 1974 ("Act"), 42 E.S.C. 5310 which states that "All laborers and mechanics employed by contractors or subcontractors in the performance of construction work financed in whole or in part with grants received under this title shall be paid wages at rated not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-5).

The undersigned applicant acknowledges that the grant program for which application is made is funded in whole or in part by the U.S. Department of Housing and Urban Development (HUD) through the Community Development Block Grant (CDBG) program and that because these grants are made with public funds, information supplied by the applicant may be considered public information pursuant to applicable federal and/or state laws and regulations.

Signed: _____ Date: _____