



**DERELICT BUILDING GRANT PROGRAM
FORM A
APPLICATION COVER PAGE**

Applicant Name: _____

Applicant:

☐ City Government

Population _____

Designated Contact:

Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Cell Phone: _____

Email: _____

Amount of Funding Requested: \$ _____

Amount of Applicant Cash Match Committed: \$ _____

Total Project Cost: \$ _____

Signature: _____ Printed Name: _____

Title: _____ Date: _____



**DERELICT BUILDING GRANT PROGRAM
FORM B
PROJECT IDENTIFICATION**

Derelict Building Address: _____

Derelict Building Number of Stories and Total Square Footage: _____ story _____ sq. feet

Year of building construction: _____

Is the building listed on the National Register of Historic Places? ☐ Yes ☐ No

If yes, the building is not eligible for funding under this program.

NOTE: Applicant must include in your proposal packet one set of street level color photos of all building sides.

Name of current owner, if known? _____

If building is not currently owned by applicant you must provide a letter from current owner detailing what action will be taken for applicant to secure ownership.

Has the Applicant initiated any legal action to gain access to or ownership of the derelict building? ☐ Yes ☐ No

(NOTE: Prior to taking ownership the Applicant is **strongly** encouraged to ensure that an inspection for asbestos and other hazardous materials has been conducted.)

If yes, what action did you take? _____

Is the Applicant working with any other program(s) to secure funding or assistance related to this project? If so, please provide name of program(s) and anticipated date of funding decision as well as award amounts.

Has building been unoccupied for a minimum of 6 months? ☐ Yes ☐ No

If no, this building is not eligible for funding under this program.

Please describe how you currently address abandoned buildings. (Do you have ordinances; do you issue violations?) What is your average cost for derelict building violations (can include city work to abate nuisance, administrative expenses, legal fees, etc.)? How do you identify derelict buildings? If you don't, why not?

***Applicants are encouraged to refer to the review criteria when responding to the questions below in order to achieve maximum results from the reviewers.**



**DERELICT BUILDING GRANT PROGRAM
FORM C
PROJECT IDENTIFICATION & BUDGET DETAIL**

For Asbestos Projects only:

Describe Building History:

Date of the Asbestos Inspection (attach the inspection report): _____

There are three (3) parts to the budget section and each will help the reviewers better understand the overall costs of the project. The applicant needs to list each item and provide the amounts for DNR Request, Cash Match, and the Total Cost columns. IMPORTANT NOTE: THE DB PROGRAM IS A REIMBURSABLE PROGRAM. If selected, the applicant pays the contractor and in turn submits proof of payment, contractor invoice, any additional documents and program provided reimbursement sheet to the DNR for processing the reimbursement for each budgeted item.

Item & Quantity	DNR Request	Cash Match	Total Cost
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTALS	\$	\$	\$

Identify the source(s) of all cash match. Continue on separate sheet as necessary.

Applicant is responsible for securing three bids for the asbestos abatement. Bids should be included as supporting documents for each application. If three bids cannot be secured, please provide a reason in the below narrative.



DERELICT BUILDING GRANT PROGRAM

FORM D

INSURANCE CLAUSE

1. Insurance Policies Grantee shall maintain in full force and effect, with insurance companies of recognized responsibility, at its expense, insurance covering its work of the type and in amounts required by this Agreement, including any extensions and renewals. Grantee's insurance shall, among other things, be occurrence based and shall insure against loss or damage resulting from or related to the Grantee's performance of this Agreement regardless of the date the claim is filed or expiration of the policy. The State and DNR shall be named as additional insured's or loss payees, or the Grantee shall obtain an endorsement to the same effect, as applicable.

Unless otherwise requested by DNR, Grantee shall, at its sole cost, cause to be issued and maintained in effect during the entire term of this Agreement not less than the insurance coverage's set forth below each naming DNR and the State as an additional insured or loss payee, as applicable:

2. Type of Insurance

Type of Insurance	LIMIT	AMOUNT
General Liability (including Agreement liability) written on an occurrence basis	General Aggregate	\$
Property Damage	Aggregate	\$
Workers Compensation and Employer Liability	As Required by Iowa law	\$