

AGENDA
VIRTUAL BIRMINGHAM HISTORIC DISTRICT COMMISSION MEETING
WEDNESDAY – September 16th, 2020
******* 7:00 PM*******

Link to Access Virtual Meeting: <https://zoom.us/j/91282479817>
Telephone Meeting Access: 877 853 5247 US Toll-free
Meeting ID Code: 912 8247 9817

- 1) Roll Call
- 2) [Approval of the HDC Minutes of September 2nd, 2020](#)
- 3) Courtesy Review
- 4) Historic Design Review
 - A. [361 E. Maple – Hawthorne Building \(Postponed\)](#)
- 5) Sign Review
 - A. [298 S. Old Woodward - Madam](#)
- 6) Study Session
 - A. [CLG Grant Applications](#)
- 7) Miscellaneous Business and Communication
 - A. Pre-Application Discussions
 - B. Staff Reports
 1. [Administrative Sign Approvals](#)
 2. [Administrative Approvals](#)
 3. [August Demolitions](#)
 4. [Action List – 2020](#)
 5. [Historical Preservation Collaboration Matrix](#)
- 8) Adjournment

Notice: Individuals requiring accommodations, such as interpreter services for effective participation in this meeting should contact the City Clerk's Office at [\(248\) 530-1880](tel:2485301880) at least on day in advance of the public meeting.

Las personas que requieren alojamiento, tales como servicios de interpretación, la participación efectiva en esta reunión deben ponerse en contacto con la Oficina del Secretario Municipal al [\(248\) 530-1880](tel:2485301880) por lo menos el día antes de la reunión pública. (Title VI of the Civil Rights Act of 1964).

**A PERSON DESIGNATED WITH THE AUTHORITY TO MAKE DECISIONS MUST BE PRESENT
AT THE MEETING.**

**HISTORIC DISTRICT COMMISSION
MINUTES OF SEPTEMBER 2, 2020**
Held Remotely Via Zoom And Telephone Access

Minutes of the regular meeting of the Historic District Commission ("HDC") held Wednesday, September 2, 2020. Chairman John Henke called the meeting to order at 7:06 p.m.

1) ROLL CALL

Present: Chairman John Henke; Vice-Chairman Keith Deyer; Board Members Gigi Debbrecht, Natalia Dukas, Patricia Lang, Michael Willoughby

Absent: Board Members Doug Burley; Alternate Member Kevin Filthaut

Administration: Nicholas Dupuis, City Planner
Laura Eichenhorn, Transcriptionist

09-57-20

2) Approval Of Minutes

Motion by Mr. Willoughby

Seconded by Ms. Debbrecht to approve the HDC Minutes of August 19, 2020 as submitted.

Motion carried, 6-0.

ROLL CALL VOTE

Yeas: Willoughby, Debbrecht, Dukas, Deyer, Henke, Lang

Nays: None

09-58-20

3) Courtesy Review

None.

09-59-20

4) Historic Design Review

A. 743 Frank - King-Argus House

City Planner Dupuis reviewed the item.

Mr. Willoughby said he thought it would be more appropriate for someone who restores historic windows to do the evaluation of the condition of the windows on the home. He said the proposed designs for the front door were also inappropriate for a historic home.

Ms. Debbrecht stated that she visited the home and walked through the interior. She said that she had seen many windows in historic homes in vastly worse condition than the windows at 743 W. Frank. Ms. Debbrecht agreed with Mr. Willoughby that someone more familiar with window restoration should evaluate the windows, and that the proposed front door design was not historic in nature. She added that the front door was not in bad condition.

Chairman Henke agreed with Mr. Willoughby and Ms. Debbrecht that an expert in window restoration should be the one to evaluate the condition of the windows. Chairman Henke said that lead paint and a small amount of wood rot is an insufficient reason to replace historic windows.

In reply to John Simlik, general contractor for the project, Chairman Henke said that neither the safety of the second floor windows or the desire to install tempered glass would be a sufficient reason to replace the windows. Chairman Henke said that it was unfortunate that the historic windows can be less safe than current options but explained that is part of living in a historic home.

Kabir Mendiratta, owner, emphasized his concerns regarding the safety of the windows especially in terms of potentially having children in the home. He stated that as a doctor he has seen a number of children who have gone through windows and ended up with glass in their faces and bodies that had to be removed. He said he also made a number of other upgrades to the home for reasons of safety even though they would not have been required because he feels so strongly about the home being safe.

Chairman Henke said he understood Dr. Mendiratta's concerns, and that the way to increase the safety of the home would be to make changes to the exterior. He stated that the HDC is tasked with protecting the exterior historical integrity of a historic home, and explained that there was nothing the HDC could do in a case like this.

Other HDC members stated Dr. Mendiratta could put plexiglass along the lower portion of the windows on the inside of the home, or could install wrought iron bars running across the lower portion of the windows on the inside in order to prevent a child from accidentally breaking through the windows.

Dr. Mendiratta emphasized his passion for maintaining the historic integrity of the home, while also emphasizing that safety is of the utmost importance. He asked if the city could provide any financial assistance for making the historically compatible changes he has made to the home. He noted that living in a historic home would remain the purview of the very wealthy if the community does not offer any support to owners who want to make the most historically appropriate upgrades but cannot afford the extra costs.

In reply to Chairman Henke, Dr. Mendiratta said he was willing to have someone who professionally restores historic windows evaluate the windows on his home.

Ms. Debbrecht said the proposed plans for the rear of the home, pergola and railings were attractively designed and contextually appropriate.

In reply to Dr. Mendiratta, Mr. Willoughby explained how to maintain the historic integrity of the front door design. He noted that the top of the glass on the sidelights of the door does not align with the top of the front door. Mr. Willoughby stated that is a subtle but important characteristic of historic homes. He also said that the HDC would need to be able to review and approve specific design plans for the front door, and that they would not be able to offer their approval based on conceptual designs. He encouraged Dr. Mendiratta to seek out historical data on what the front door originally looked like in order to provide sufficient information for both Dr. Mendiratta and the HDC. He said if that can be found that the designs should replicate that, and that if original information on the door design cannot be found then the design of the current door should be replicated.

Motion by Mr. Willoughby

Seconded by Ms. Debbrecht to approve the proposed plans for the rear of 743 W. Frank and to postpone review of the plans for the front and side of the house to a future meeting.

Motion carried, 6-0.

ROLL CALL VOTE

Yeas: Willoughby, Debbrecht, Dukas, Deyer, Henke, Lang

Nays: None

09-60-20

5) Sign Review

None.

08-54-20

6) Study Session

None.

08-55-20

7) Miscellaneous Business and Communication

A. Pre-Application Discussions

B. Staff Reports

1. Administrative Sign Approvals

2. Administrative Approvals

3. August Demolitions

3. Action List - 2020

4. Historical Preservation Collaboration Matrix

08-56-20

Adjournment

Motion by Mr. Willoughby

Seconded by Ms. Debbrecht to adjourn the HDC meeting of September 2, 2020 at 7:51 p.m.

Motion carried, 6-0.

ROLL CALL VOTE

Yeas: Willoughby, Debbrecht, Dukas, Deyer, Henke, Lang

Nays: None

Nicholas Dupuis
City Planner



MEMORANDUM

Planning Division

DATE: September 16th, 2020

TO: Historic District Commission

FROM: Nicholas Dupuis, City Planner

SUBJECT: Design Review (Sign) – 298 S. Old Woodward - Madam

The applicant has submitted a Design Review Application for a vertically oriented wall sign proposed in the B4 (Business-Residential) and D4 (Downtown Overlay) Zoning Districts. The building is also located in the Downtown Historic District, which requires a review by the Historic District Commission.

Signage:

As mentioned above, the applicant is proposing to install a vertically oriented wall sign in the Downtown Historic District on the Daxton Hotel, which is nearing completion. The 5-story mixed-use building was designed with a mezzanine on the 1st floor, which has created a natural sign band that is around 22 feet from grade. The Sign Ordinance defines Sign Band as "a horizontal band extending the full width of the building facade and located between the highest first floor windows and the cornice, or if there is more than one story, the highest first floor windows and the bottom of the second floor windows." The applicant has stated that the sheer height of the sign band on the building creates a poor environment for signage, specifically at the pedestrian scale.

Article 1, Section 1.05 (K)(5) states that "where the Historic District Commission, Design Review Board or Planning Board has determined that a horizontal sign band is not architecturally available based on building design, a vertically oriented sign may be allowed. The sign shall fit within the total sign area allowed for the business and comply with all provisions of this Chapter." Due to the perceived hardships with the height of the sign band, the applicant is seeking a vertically oriented sign placed at the southeast corner of the building on the S. Old Woodward frontage. The sign is proposed at 8.1 square feet, the base of the sign beginning 4 feet from grade and continuing another 3 feet 9 inches to the top of the sign. The sign would be well within the permitted combined sign area, as the only other sign on the building is 16.3 square feet located on the building canopy.

There are three issues present with the sign as proposed. The first is the permitted height of a wall sign, which is a maximum of 3 feet. The proposed sign measures 3 feet 9 inches in height, which exceeds the height limitations. Second, the Sign Ordinance requires wall signs to be attached to the outer wall at a height of 8 feet above a public sidewalk. The proposed sign is attached below 8 feet above a public sidewalk. Finally, the sign is proposed with internal LED illumination. In the Downtown Historic District, only halo type backlighting or architecturally compatible exterior light fixtures are permitted.

Sign Review Requirements:

Sign review approval shall be granted only upon determining the following:

1. The scale, color, texture and materials of the sign being used will identify the business succinctly, and will enhance the building on which it is located, as well as the immediate neighborhood.
2. The scale, color, texture and materials of the sign will be compatible with the style, color, texture and materials of the building on which it is located, as well as neighboring buildings.
3. The appearance of the building exterior with the signage will preserve or enhance, and not adversely impact, the property values in the immediate neighborhood.
4. The sign is neither confusing nor distracting, nor will it create a traffic hazard or otherwise adversely impact public safety.
5. The sign is consistent with the intent of the Master Plan, Urban Design Plan(s), and/or Downtown Birmingham 2016 Report, as applicable.
6. The sign otherwise meets all requirements of this Chapter.

Recommendation:

The Planning Division recommends that the Historic District Commission **POSTPONE** the Design Review (Sign) application for 298 S. Old Woodward – Madam – until the following conditions are met:

1. The applicant must submit revised drawings showing a sign that meets the provisions of the Sign Ordinance; and
2. The Historic District Commission approves the vertically oriented sign.

Wording for Motions

I move that the Commission **POSTPONE** the Design Review (Sign) application for 298 S. Old Woodward – Madam – until the following conditions are met:

1. The applicant must submit revised drawings showing a sign that meets the provisions of the Sign Ordinance; and
2. The Historic District Commission approves the vertically oriented sign.

OR

I move that the Commission **APPROVE** the Design Review (Sign) application for 298 S. Old Woodward – Madam – with the following conditions:

1. The applicant must submit revised drawings showing a sign that meets the provisions of the Sign Ordinance; and
2. The Historic District Commission approves the vertical oriented sign.

OR

I move that the Commission **DENY** the Historic Design Review application for 298 S. Old Woodward – Madam – for the following reasons:

1. _____
2. _____
3. _____

RECEIVED

AUG 25 2020

CITY OF BIRMINGHAM
COMMUNITY DEVELOPMENT DEPT.

CITY OF BIRMINGHAM
Date 08/26/2020 10:10:36 AM
Ref 00172067
Receipt 542445
Amount \$100.00

CITY OF BIRMINGHAM
Date 08/26/2020 10:10:36 AM
Ref 00172066
Receipt 542445
Amount \$400.00



Preliminary or Final Historic Sign/Design Review Application Historic District Commission Planning Division

Form will not be processed until it is completely filled out.

1. Applicant

Name: Mitchell Family Office for Woodward Brown Ventures, LLC

Address: 102 Pierce St., Birmingham MI 48009

Phone Number: (248) 247-7252

Fax Number: _____

Email address: joegema@mitchellfo.com

3. Applicants Attorney/Contact Person

Name: Richard Rattner / Gayle McGregor (WWRP PC)

Address: 380 N. Old Woodward Ave., Ste. 300,
Birmingham, MI 48009

Phone Number: (248) 642-0333

Fax Number: (248) 642-0856

Email address: rdr@wwrplaw.com; gsm@wwrplaw.com

2. Property Owner

Name: Mitchell Family Office for Woodward Brown Ventures, LLC

Address: 102 Pierce St, Birmingham, MI 48009

Phone Number: (248) 247-7252

Fax Number: _____

Email address: joegema@mitchellfo.com

4. Project Designer/Developer

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email address: _____

5. Required Attachments

- Required fee (see Fee Schedule for applicable amount)
- Two (2) folded copies of scaled plans including color elevations showing all materials and an itemized list of all changes for which approval is requested with changes marked in color.
- Certified land survey
- Landscape plan showing all existing and proposed elements
- Photographs of existing site and/or building.
- Current aerial photos of the subject site, including all adjacent properties within 200 ft.
- Warranty Deed with legal description of property.
- Samples of all materials to be used
- Catalog sheets for all proposed lighting, mechanical equipment and outdoor furniture.
- Completed Checklist.
- Digital copy of plans.
- Any new structures or additions will require a signed letter from DTE approving the location of all electrical transformers and electrical equipment.
- Additional information as required.

6. Project Information

Address/Location of the property: 298 S Old Woodward Ave,
Birmingham, MI 48009

Name of development: Daxton Hotel

Sidwell #: 19-36-202-009 / 19-36-202-016

Current Use: Vacant-Construction

Proposed Use: Hotel, 5th Fl residential

Area of Site in Acres: .62 acres

Current zoning: B-4 / D-4 Overlay

Zoning of Adjacent Properties: Same

Name of Historic District Site is Located in: Downtown

Date of Application for Preliminary Historic Design Review: 06/06/2017

Date of Preliminary Historic Design Review Approval: _____

06/21/2017

Date of Planning Board Approval: 07/26/2017

Date of Application for Preliminary Site Plan: 04/26/2017

Date of Preliminary Site Plan Approval: 05/24/2017

Date of Application for Final Site Plan: 06/28/2017

Date of Final Site Plan Approval: 07/26/2017

Will proposed project require the division of platted lots? No

Will proposed project require the combination of platted lots?

Yes, lots combined / approved by commission on 04/23/2018

7. Details of the Nature of Work Proposed (attach separate sheet if necessary)

(Please specifically list all materials and colors to be used)

The sign plan for the Madam wall sign at the Daxton Hotel is attached. The Daxton canopy sign and doorway threshold inlay have been administratively approved by the planning department. The vertical wall sign for the restaurant Madam requires HDC review and approval, as it sits below the traditional sign band above first floor windows. See the letter from Applicant's counsel Williams, Williams, Rattner & Plunkett, P.C. submitted herewith.

8. Buildings and Structures

Number of Buildings on Site: 1
Height of Buildings & # of Stories: 5

Use of Buildings: Hotel and 5th Fl residences
Height of Rooftop Mechanical Equipment: 79.5 ft

9. Additions (in Square Feet)

Proposed Use: N/A
Number of Floors: _____
Number of Sq. Ft. on Each Floor: _____
Height: _____
Total Floor Area: _____

Retail Space: _____
Assembly Space: _____
Office Space: _____
Industrial Space: _____
Seating Capacity: _____

10. Required and Proposed Parking

Required number of parking spaces: 24
Typical angle of parking spaces: 90 degrees / 45 degrees
Typical width of maneuvering lanes: varies
Location of parking on site: Basement
Location of parking off site: Parking Assessment District
Number of light standards in parking area: _____
Screenwall material: _____

Proposed number of parking spaces: 50
Typical size of parking spaces: 10' x 18' or longer
Number of spaces <180 sq. ft.: _____
Number of handicap spaces: 2
Shared parking agreement? No
Height of light standards in parking area: _____
Height of screenwall: _____

11. Landscaping

Location of landscape areas: _____

Proposed landscape material: _____

12. Building Lighting

Number of light standards on building: _____
Size of light fixtures (L•W•H): _____
Maximum wattage per fixture: _____
Light level at each property line: _____

Type of light standards on building: _____
Height from grade: _____
Proposed wattage per fixture: _____

13. Maximum Signage Allowance Calculation

Building Frontage (in feet): _____
Maximum Sign Area Allowed: _____
Sign Area Proposed: _____

Maximum Sign Area = 1 square foot (1.5 for Woodward addresses) per each linear foot of principal building frontage.

14. Location of Proposed Signs

A canopy sign - Daxton - at entry has already been administratively approved by the Planning Department; this application is for the vertical wall sign - Madam - to be mounted on the wall near the corner of S. Old Woodward and Brown.

15. Number of Sign(s)

Wall: 1
Ground: Daxton imbedded in sidewalk at threshold to entry door already administratively approved.
Projecting (Blade): None

16. Sign Size, Material & Content

Sign #1

Type of Sign: Wall
Width: 2 feet, 2 inches
Depth: 3.5 inches
Height: 3 feet, 9 inches
Total Square Feet: _____
Height of Lettering: _____
Height from Grade: _____

Sign #2

Type of Sign: _____
Width: _____
Depth: _____
Height: _____
Total Square Feet: _____
Height of Lettering: _____
Height from Grade: _____

Sign #3

Type of Sign: _____
Width: _____
Depth: _____
Height: _____
Total Square Feet: _____
Height of Lettering: _____
Height from Grade: _____

17. Existing Signs Located on Property

Number of Signs: None
Sign Type(s): _____

18. Sign Lighting

Type of Lighting Proposed: internal soft-white LED
Size of Light Fixtures (LxWxH): internal
Maximum Wattage per Fixture: _____
Location: _____

19. Landscaping (ground signs only)

Location of Landscape Areas: _____

Canopy: 1 (already administratively approved)

Building Name: Daxton Hotel
Post-Mounted Projecting: None

Projection from Wall: 3.5" (flush mounted)

Sign Reads: Madam

Sign Materials: Metal - Aluminum

Sign Color(s) (including PMS color #): 2 bronze with wordmark routed into face with acrylic backer in metallic gold.

Projection from Wall: _____
Sign Reads: _____

Sign Materials: _____

Sign Color(s) (including PMS color #): _____

Projection from Wall: _____
Sign Reads: " _____ "

Sign Materials: _____

Sign Color(s) (including PMS color #): _____

Square Feet per Sign: _____
Total Square Feet of Existing Signage: _____

Number Proposed: 1
Lighting Height from Grade: _____
Proposed Wattage per Fixture: _____
Style (include specifications): _____

Proposed Landscape Material: _____

The undersigned states the above information is true and correct, and understands that it is the responsibility of the applicant to advise the Planning Division and / or Building Division of any additional changes made to an approved site plan. The undersigned further states that they have reviewed the procedures and guidelines for site plan review in Birmingham, and have complied with same. The undersigned will be in attendance at the Planning Board meeting when this application will be discussed.

Signature of Owner: _____

Date: 8.25.2020

Print Name: Jeffrey Silverman, Authorized Representative of Woodward Brown Ventures, LLC

Signature of Applicant: _____

Date: _____

Print Name: _____

Signature of Architect: _____

Date: _____

Print Name: _____

Office Use Only

Application #: _____ Date Received: _____ Fee: _____

Date of Approval: _____ Date of Denial: _____ Accepted by: _____



Notice Signs - Rental Application Community Development

1. Applicant

Name: Mitchell Family Office for Woodward Brown
Address: 102 Pierce St. Ventures, LLC
Birmingham, MI 48009
Phone Number: (248) 247-7252
Fax Number: _____

Property Owner

Name: Same
Address: _____
Phone Number: _____
Fax Number: _____

2. Project Information

Address/Location of Property: 298 S. Old Woodward Name of Historic District site is in, if
any: _____

Name of Development: Daxton Hotel

Current Use: Hotel

Area in Acres: .62

Current Zoning: B4/D4 Overlay

3. Date of Board Review

Board of Building Trades Appeals: _____ Board of Zoning Appeals: _____
City Commission: _____ Design Review Board: _____
Historic District Commission: _____ Housing Board of Appeals: _____
Planning Board: _____

The undersigned states the above information is true and correct, and understands that it is the responsibility of the applicant to post the Notice Sign(s) at least 15 days prior to the date on which the project will be reviewed by the appropriate board or commission, and to ensure that the Notice Sign(s) remains posted during the entire 15 day mandatory posting period. The undersigned further agrees to pay a rental fee and security deposit for the Notice Sign(s), and to remove all such signs on the day immediately following the date of the hearing at which the project was reviewed. The security deposit will be refunded when the Notice Sign(s) are returned undamaged to the Community Development Department. Failure to return the Notice Sign(s) and/or damage to the Notice Sign(s) will result in forfeiture of the security deposit.

Signature of Applicant: _____

Jeffrey Silverman, Authorized Representative of Woodward Brown Ventures, LLC

Date: 8.25.2020

Office Use Only

Application #: _____ Date Received: _____ Fee: _____

Date of Approval: _____ Date of Denial: _____ Reviewed by: _____

Madam Vertical Wall Mounted Signage

Aluminum black sign with internal soft white LED light, flush mounted to wall

Internally Illuminated Option

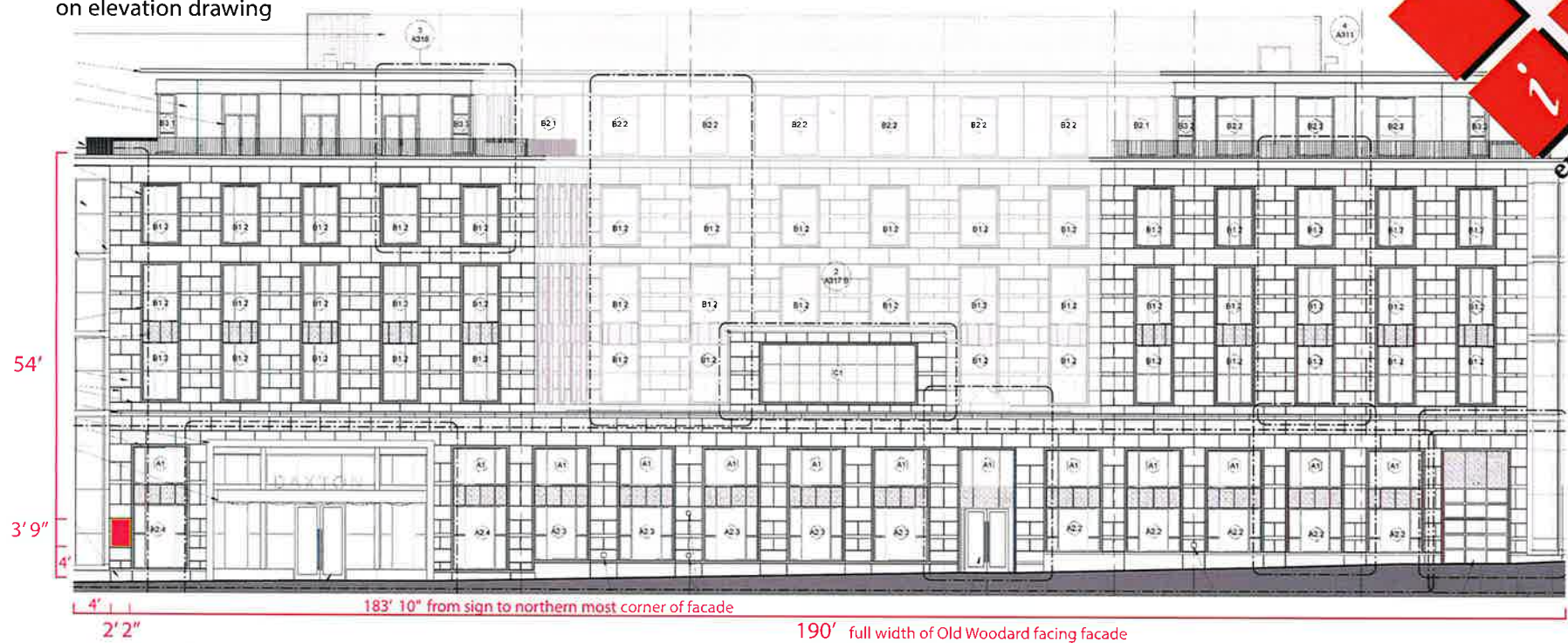
- Fully welded ½ aluminum body | 2'2" X 3'9" X 3 ½"d
- Wordmark routed into face with acrylic backer (metallic gold vinyl)
- internal soft-white LED | Coated semi gloss
- Flush mounted to wall

- approx. 20 business days

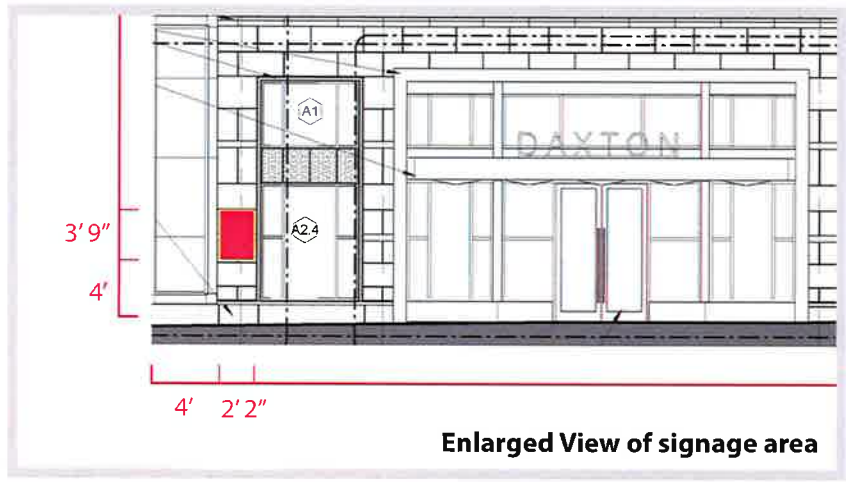




Madam Signage
on elevation drawing



Color rendering of signage area



Enlarged View of signage area

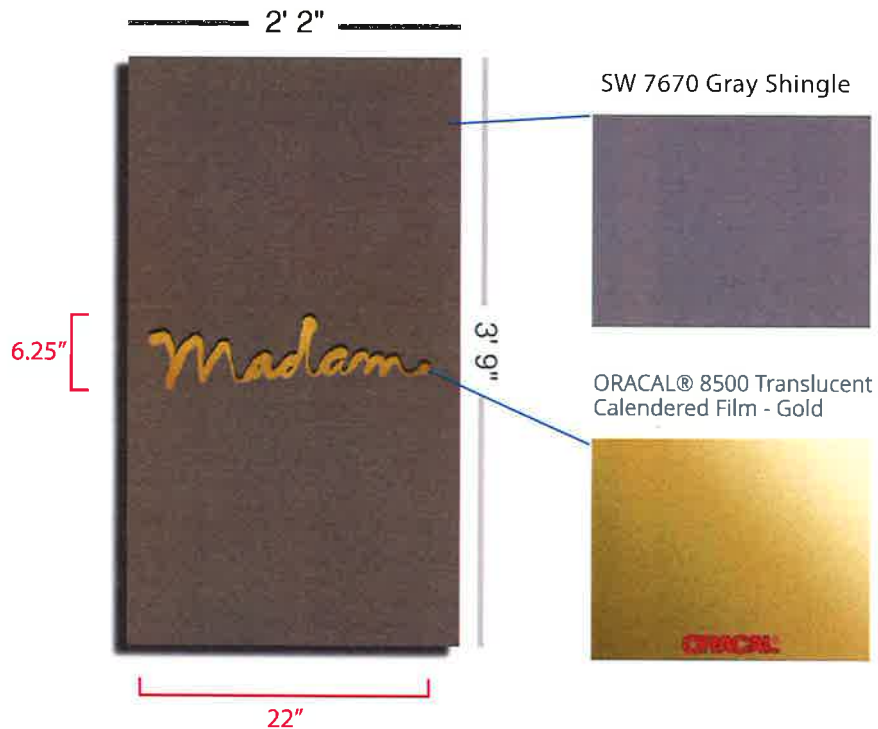
Madam Signage

Overall cabinet size: 2'2" wide X 3'9" high X 2" depth

Madam wordmark size: 22" wide X 6.25" high

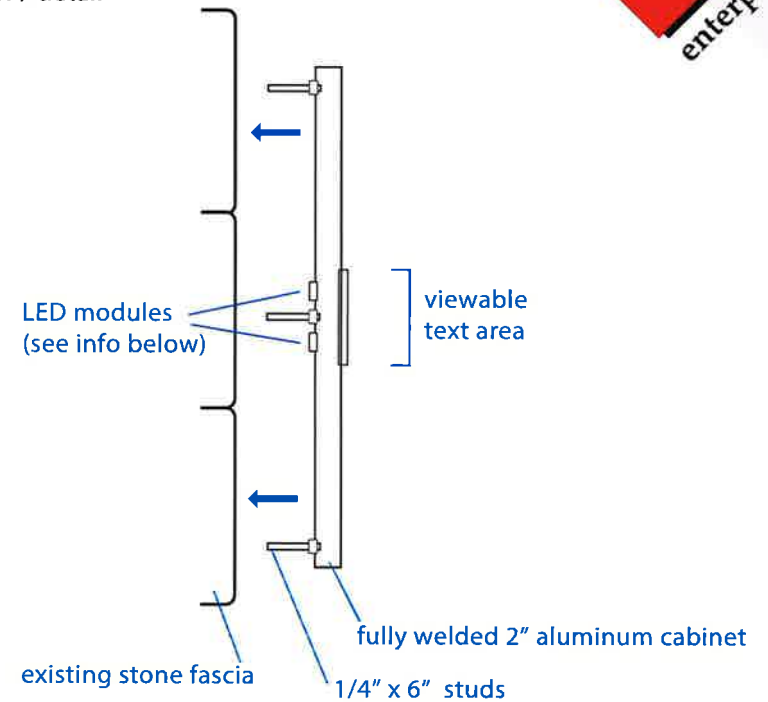
Fully welded aluminum 1/2 aluminum body

- wordmark routed out and backed with acrylic backer
- internal soft-white LED
- flush-mounted to facade



Madam Signage

Side view / detail



Lighting

Brand: Principle LED

Product: Qwik Module 2 - White

Wavelength: 7100k / 40watts

ID Enterprises use

- 2 rows full width of sign cabinet 4" apart-



Image capture: Aug 2019 © 2020 Google



Image capture: Aug 2019 © 2020 Google



Image capture: Aug 2019 © 2020 Google



Image capture: Aug 2019 © 2020 Google



Williams Williams Rattner & Plunkett, P.C.
Attorneys and Counselors

380 North Old Woodward Avenue
Suite 300

Birmingham, Michigan 48009

Tel: (248) 642-0333

Fax: (248) 642-0856

August 25, 2020

Gayle S. McGregor
gsm@wwrplaw.com

By e-mail and hand delivery

City of Birmingham
Planning Department
Historic District Commission
151 Martin Street
Birmingham, MI 48009
Attn.: Mr. Nicholas Dupuis

Re: Daxton Hotel Restaurant, Madam, Sign for 298 S. Old Woodward; Woodward Brown Ventures, LLC ("Applicant")

Dear Mr. Dupuis and Members of the Historic District Commission:

On behalf of the Applicant, we make this submission for approval to the City of Birmingham's Historic District Commission for the proposed vertical wall sign for the Daxton Hotel's restaurant, Madam. Please see the enclosed Final Historic District Review Application and accompanying design drawings and photographs.

We ask the Historic District Commission to take account of the following:

- The Daxton Hotel is designed with a mezzanine between the first and second floors to allow for a higher ceiling height in the hotel's entry gathering space. The design also provides for taller windows on the first floor than one finds along the retail frontages in the Downtown District.
- The standard sign band above the first-floor windows is higher than a typical horizontal sign band given the hotel's mezzanine level. Such sign placement above the Daxton's first floor windows would be ineffective for announcing the hotel's restaurant to pedestrians on the sidewalk below, as it would be too high to be visible to pedestrians. Placement of a horizontal sign in the standard sign band on the Daxton, therefore, is not architecturally available based on the building's design.
- Section 1.05(K)(5) of the City of Birmingham Sign Ordinance permits the Historic District Commission to approve a vertical sign placed below the

traditional horizontal sign band when the horizontal sign band is not architecturally available.

- The proposed placement of the vertical Madam wall sign at the corner of the Daxton Hotel near Old Woodward and Brown Street is visually appealing, can easily be read by pedestrians from the sidewalk and is consistent and harmonious with the building's architectural design.
- The Madam sign otherwise meets the City's Sign Ordinance criteria for wall signs set forth on Table B of the Sign Ordinance.

Based on the above considerations, we respectfully request the Historic District Committee to approve the Applicant's proposed vertical Madam sign to be placed below the traditional horizontal sign band near the corner of Old Woodward and Brown Street, as depicted on the enclosed drawings.

Very truly yours,

WILLIAMS, WILLIAMS, RATTNER & PLUNKETT, P.C.



Gayle S. McGregor

Encls.



Michigan Certified Local Government Grant Application Planning, Documentation & Education



Grant Application Form Instructions:

1. Use the most current Grant Application Form version.
2. Electronically complete the entire Grant Application Form, electronically sign, and submit with the required Exhibits to LettsJ1@michigan.gov.
3. Follow the Exhibit Instructions in the CLG Grant Manual.

PROJECT INFORMATION

Grant Project Name: [Historic Design Guidelines and New and Emerging Materials](#)

Identify the project type covered by the grant application:

- ☐ Above-Ground Survey ☐ Archaeological Study ☐ Local Historic District Study ☐ National Register Nomination
- ☒ Preservation Planning [Specific type: [Design Guidelines](#)]
- ☐ Public Education [Specific type:]

APPLICANT INFORMATION

Certified Local Government: [City of Birmingham, MI](#)

Grant Recipient Name: [City of Birmingham, MI](#)

This must be an active CLG in good standing with SHPO.

Federal ID Number:

DUNS Number:

The Federal Funding Accountability and Transparency Act, P.L. 109-282, as amended by section 6202(a) of P.L. 110-252, Subaward Reporting System requires the SHPO to utilize the DUNS Number to report first-tier subaward federal contracts and grants.

Certified Local Government Street Address: [151 Martin St.](#)

City, State: [Birmingham, MI](#)

Zip Code: [48012](#)

Project Coordinator Name: [Nicholas Dupuis, City Planner](#)

This individual must have complete knowledge of the day-to-day activities with the proposed grant-funded work.

Telephone Number: [248-530-1856](#)

Mobile Telephone Number: [N/A](#)

Email Address: ndupuis@bhamgov.org

Project Coordinator Street Address: [151 Martin St.](#)

City, State: [Birmingham, MI](#)

Zip Code: [48012](#)

| CLG Sponsorship Applicant Information (if applicable) | |
|---|--|
| Nonprofit or Other Public Entity: N/A | |
| Federal ID Number: N/A | |
| DUNS Number: N/A <i>The Federal Funding Accountability and Transparency Act, P.L. 109-282, as amended by section 6202(a) of P.L. 110-252, Subaward Reporting System requires the SHPO to utilize the DUNS Number to report first-tier subaward federal contracts and grants.</i> | |
| Nonprofit or Other Public Entity Contact Name: N/A | |
| Telephone Number: N/A | Mobile Telephone Number: N/A |
| Email Address: N/A | |
| Street Address: N/A | |
| City, State: N/A | Zip Code: N/A |

| CLG LEGISLATIVE INFORMATION | |
|--|--|
| <i>This information is used to contact your elected officials if a grant is awarded.</i> | |
| U.S. Senator Name: Debbie Stabenow | U.S. Senator Name: Gary Peters |
| U.S. Congressional District Number: 11 | |
| Name of Congressman or Congresswoman: Haley Stevens | |
| State Senate District Number: 13 | |
| Name of State Senator: Mallory McMorrow | |
| State House of Representative District Number: 40 | |
| Name of State Representative: Mari Manoogian | |

SCOPE OF WORK

On page 6, describe in detail the scope of work for your project. The narrative should:

- State the goals of the project;
- Identify the project need and provide an explanation of how the project activity addresses the need;
- Describe in detail the work activity(ies) and anticipated outcome(s); and
- Provide a list of the final products that will be provided to SHPO and indicate the medium. Example:

| | |
|---|--|
| National Register Nomination for <i>Willenholly Building</i> | One or more flash drives, as necessary, including all items identified in SHPO's National Register Submission Checklist. |
| <i>Willenholly Building</i> Survey Data | 2 sets of CDs/DVDs or flash drives containing survey data in MS Access, Excel or GIS shapefile. |
| <i>Willenholly Building</i> Survey Report | 2 printed spiral bound original reports and 2 sets of CDs/DVDs or flash drives containing survey report in Word. |
| <i>Willenholly Preservation Plan</i> | 2 printed spiral bound plans and 2 sets of CDs/DVDs or flash drives containing a PDF copy of the plan. |

The scope of work demonstrates to reviewers how the project will proceed and that you have considered all elements of a successful project. The scope should complement the timeline and be sufficiently detailed so that the reviewers have a full understanding of the need of your project, activities to be completed, and the anticipated impact of the project. Additional guidance on describing the scope of work for particular project types is provided below:

Public Education Projects

- Describe the type of education project, program, or publication (e.g., heritage tourism program, K-12 lesson plan, pamphlet for property owners in local districts, workshops, etc.) to be produced or coordinated.
- Describe the purpose of your project, including the need it addresses.
- Describe the targeted audience(s) and how the project is appropriate for the targeted audience(s).
- Describe the methodology for developing the project, program, or publication and achieving your goals.
- Describe the anticipated content of your project, program, or publication.
- Describe the anticipated format for your project, program, or publication, including any physical or digital products that will be produced and how they will be distributed or made available to the public. Identify if it is intended for one time or continued use.
- Describe any examples of similar projects previously completed by the community and/or models from other communities to be used, if applicable.
- Describe the anticipated outcome and benefits of the project.

Archaeological Projects

- Projects involving excavation and planning studies should be discussed with the State Archaeologist prior to submission of an application.
- State the objectives of the project and the research, management and/or planning needs the project will address. Specify whether the project is an archaeological survey or a testing project.
- Describe the research design, including methods and techniques to be used. Sampling methodology, the use of shovel testing and test interval, the use of specialized equipment such as use of sonar equipment for underwater work, and similar topics should be discussed, as applicable. Mention any documentary research to be conducted (site file searches, historical records etc.). Describe any other sources of information such as oral history, informant interview, and collections study. Types of records to be compiled for the project (e.g., site forms, photographs, USGS maps) should be specified.
- Provide a map with the specific project area clearly outlined and estimate the number of acres to be field checked and number of sites anticipated to be found (example: 10,000 + 500 acres; 100 + 15 sites).
- Specify the repository for project collections and records. The repository must meet the *Secretary of the Interior's Standards and Guidelines for Archaeology and Historic Preservation*.

Above-ground Survey Projects

- Describe the type of survey (reconnaissance, intensive, or thematic) to be undertaken.
- Describe the need for the project and identify the goals of the survey.
- Describe the geographic area or theme to be surveyed and explain how they were chosen. Provide a brief summary of the overall appearance and history of the survey area, discussing such things as: population; development patterns; and urban, rural, or neighborhood characteristics.
- Include a map clearly showing the proposed survey boundaries (not applicable for thematic surveys) and a verbal description of the project's boundaries. If the project covers an entire city or county, include a written statement of this fact.
- Identify the number of resources to be surveyed and the estimated acreage covered by the survey.
- For thematic surveys, describe the significance of the property type and/or context to be studied. Include a list of resources anticipated to be surveyed as part of the project.
- Describe the survey methodology or research design. Projects must comply with the [Michigan Above Ground Survey Manual](#). Topics to address include, at a minimum, how fieldwork will be conducted, what sources will be utilized for research, and how assessments of the documented properties shall be conducted (use of the National Register selection criteria). Describe any known sources of information that may be useful in completing the survey and developing related historic context(s).
- Describe the anticipated products and contents of products, including how they will be distributed and/or how the resulting information will be shared with the public. Provide a list of the proposed themes that will be addressed in the historic context. A historic context is information about historic trends and properties organized by theme, time period and geographic area. Projects must use the themes listed in *National Register Bulletin 15: How to Apply National Register Criteria for Evaluation* but may tailor them further as appropriate.
- Describe how the survey results will be used for subsequent preservation activities and/or anticipated subsequent phases of the project.
- If available, include ballpark cost estimates from qualified professionals for completing the proposed project. When computing budget costs, include at least one public meeting and plan on preparing three sets of survey data; one will be kept at the local level and two will be submitted to the SHPO.

National Register of Historic Places Nominations

- Describe the proposed project, including the type of nomination and number and types of resources to be nominated. Identify whether the project is to produce a new nomination or amend existing documentation.
- Describe the need for the project and identify the goals of nominating the property. Describe the reasons for seeking nomination of the property to the National Register (e.g., public recognition or potential to spur economic investment). If the project is being undertaken as part of a larger community revitalization or economic development program, describe how the project will benefit those activities.
- Describe the resource(s) to be nominated, including a summary of current conditions and significance. Summarize previous determinations of eligibility, previous efforts to nominate and/or preserve the property, and any known changes since the determination of eligibility (or previous listing for amendments).
- If more than one nomination is to be prepared by the project, provide a tentative list of all the proposed nominations to be prepared, indicating for each, the type of nomination (individual property, district, or multiple property) and the approximate number of resources of each type (buildings, structures, objects, or sites) that each area contains.
- If the application is to prepare a Multiple Property Documentation Form (MPDF), identify the property types and/or themes to be addressed.
- Summarize known resources that may be useful in preparing the nomination and summarize additional documentation and research that may be necessary.
- Provide a list of the proposed areas of significance that will be addressed in the historic context. A historic context is information about historic trends and properties organized by theme, time period and geographic area. Projects must use the themes listed in *National Register Bulletin 15: How to Apply National Register Criteria for Evaluation*.
- Identify any documentation to be completed of the property (e.g., digital photographs, site plans, etc.), including if survey records are to be updated as part of the project.
- Provide a locational map and verbal description of the area to be nominated. For historic districts, describe the boundaries and explain how they were chosen.
- For individual resources: if the CLG is not the property owner, summarize property owner support or opposition for the nomination. Include a letter from the property owner supporting the nomination.
- For historic districts: summarize efforts to engage property owners and known support or opposition for the nomination.

Local Historic District Studies

- Describe the purpose of the project, the anticipated products and outcomes, and the proposed use of the products. Describe what the CLG hopes to accomplish through the process of establishing a local historic district.
- Describe the area to be studied, including a summary of the area's history, current conditions, and significance. Explain how the boundaries were chosen. Provide a map clearly outlining the boundaries of the area to be studied.
- Summarize any previous studies or previous efforts to designate the area and/or protect the property.
- Summarize the nature of survey records and report available to support the information to be presented in the Local Historic District Study. Identify additional work that will be necessary to sufficiently and appropriately make recommendations in consideration of the National Register Criteria and the requirements of Public Act 169 of 1970, as amended.
- Identify the steps to be completed during the project. Projects must comply with the requirements of Public Act 169 of 1970, as amended.
- Describe the project's relationship to broader community planning activities. If the project is being undertaken as part of a larger community revitalization or economic development program, describe how the CLG project will contribute to the goals of the community program revitalization or economic development program.
- Describe any public and/or local government support for the potential establishment of the local historic district, and identify any public outreach that the CLG has already initiated regarding a proposed study of the area (e.g., community meetings or discussions at historic district committee meetings).
- Provide a copy of the resolution from the local unit of government authorizing the creation of the historic district study committee.
- Provide a list of the names of the historic district study committee members and short description of their history or preservation affiliation. Resumes may be submitted.

Preservation Planning Projects

- Describe the type of planning activity (e.g., preservation plan, design guidelines, economic impact study, etc.) being pursued. Note: Applications for planning documents for specific properties (e.g., historic structure reports, feasibility studies, engineering studies, etc. should use the grant manual for Rehabilitation and Rehabilitation Planning Projects available at www.michigan.gov/CLGgrants).
- Identify whether the project is to produce a new planning study or to update an existing study. If the project is to update an out-of-date or deficient planning document currently being used by the community, describe the issues to be addressed by the current project and include a copy of the current document being used.
- Describe the purpose of the project, including the need it addresses. Identify any local stresses, threats, or weaknesses in the local preservation program that will be addressed by the project.
- Describe the targeted audience(s) and how the project is appropriate for the targeted audience(s).
- Identify the boundaries of areas and/or the types of resources to be covered by the project, as applicable.
- Describe the methodology for achieving your project goals.
- Describe the project's relationship to previous and/or ongoing preservation planning activities.
- Describe how the project will relate to other community planning or development activities (e.g., community planning, zoning, economic revitalization, etc.).
- Describe how the project will contribute to the protection of significant historic resources in the community.
- Describe anticipated public outreach and engagement activities associated with development of the project.
- Describe the anticipated products and contents of products, including how they will be distributed or made available to the public.
- Describe the anticipated outcome and benefits of the project.

Project Objectives

All applications, regardless of project type, must also address the following questions:

- How will the project enhance the effectiveness of the CLG's activities and preservation programs? Describe the impact the project will have on the CLG's ability to identify, plan for, protect, and celebrate historic resources.
- What is the relationship of the project to the CLG's planning goals and priorities as identified in the CLG's annual reports and/or four-year evaluation?
- What is the urgency of the project? For example, does it address an immediate threat to certain properties? Does it address a weakness of current preservation activities in the community? Is it related to forthcoming community planning, economic development, or revitalization activities?
- Identify if the project meets one or more of Michigan's Historic Preservation Goals identified by the SHPO in Michigan's Historic Preservation Plan and/or one or more of SHPO's funding priorities for 2021.
- Describe the public or community benefit resulting from the project. Are there local partnerships between the CLG and other organizations that will be addressed? Which community stakeholders will potentially benefit from the activity?
- How will the public be informed about the purpose of this project and the value of historic preservation through the project?

SCOPE OF WORK

The City of Birmingham proposes to retain a professional consultant or team of consultants specializing in a combination of historical preservation, architecture, and planning to create the City's first set of comprehensive historical preservation design guidelines. The new design guidelines will synthesize and summarize nearly 50 years of historical preservation efforts in the City while also preparing for the future with an emphasis on new and emerging materials. Using the new design guidelines, the Birmingham Historic District Commission will be better suited to perform their duties in an environment where development pressures are tremendous and ongoing. Architects, developers, contractors, and property owners in the City would benefit greatly as well from a consistent and readily available reference document during the project design phase so that there are no surprises in the application and review process for the project. Furthermore, the Historic District Commission often has to try to refer to old project reviews to buffer their stance and reinforce the issues that are important in Birmingham. With a new set of design guidelines, the commission will secure a tool that will have an immediate impact of historic preservation in Birmingham but also serve the commission through the future as the City welcomes new commission members and/or staff liaisons.

PROJECT OBJECTIVES

How will the project enhance the effectiveness of the CLG's activities and local preservation programs? Describe the impact the project will have on the CLG's ability to identify, plan for, protect, and celebrate important historic resources.

The adoption of comprehensive historic preservation design guidelines in the City of Birmingham will help in two major ways. One, the guidelines will help protect the City's current historic resources from immense development pressure. Contiguous and non-contiguous districts are in constant danger of demolition or alteration that erases all historic character and material that cannot be recreated or replaced. Second, the City is currently undergoing a campaign to inject a significant amount of sustainable energy into historical preservation in Birmingham. The Historic District Commission has taken advantage of monthly newsletter articles, MHPN virtual activities, and the COVID19 Pandemic to push fun and interesting historic preservation topics out to its populace in hopes of drumming up a passion for the preservation of Birmingham's historic buildings and places. These efforts have been designed to become a regular part of City activity, and a new set of design guidelines will play a big role in progressing said efforts.

What is the relationship of the project to the CLG's planning goals and priorities as identified in the CLG's annual reports and/or four-year evaluation?

The 2018 and 2019 annual reports are directly related to the adoption of historic preservation design guidelines. In 2018, the Historic District Commission stated a specific goal of adopting commercial infill design guidelines. As time passed and the discussion evolved, the commission grew to favor a more comprehensive set of design guidelines with a focus on new and emerging materials. Thus, in 2019 the commission's first goal was to submit an application for the Community Partnership Program through the SHPO for the adoption of design guidelines with a focus on new and emerging materials.

What is the urgency of the project? For example, does it address an immediate threat to certain properties? Does it address a weakness of current preservation activities in the community? Is it related to forthcoming community planning, economic development, or revitalization activities?

The development and adoption of historic design guidelines is urgent. The development pressures for the single-family residential realm of preservation in Birmingham can be described through the 58 whole house demolitions completed in 2019 and 30 demolitions completed thus far in 2020 all in favor of new construction. Additionally, many of the applications that have been reviewed by the commission have been for wholesale renovations, often times with additions, that greatly affect the historic character of historic neighborhoods. On the commercial side, besides the similar heavy development pressure, there are several proposals that are in the application process for marquee historic sites in Downtown Birmingham as well as large additions to buildings in less prominent areas that will define Downtown Birmingham for years to come. Moreover, the City is currently in the process of adopting an updated comprehensive master plan, which has historic preservation related implications throughout.

Identify if the project meets one or more of Michigan's Historic Preservation Goals identified by the SHPO in Michigan's Historic Preservation Plan and/or one or more of SHPO's funding priorities for 2021.

The historic design guideline development project is listed in the SHPO's funding priorities for 2021.

Describe the public or community benefit resulting from the project. Are there local partnerships between the CLG and other organizations that will be addressed? Which community stakeholders will potentially benefit from the activity?

On the surface, developing a comprehensive set of design guidelines for historic preservation in Birmingham will aid in the retention of a historic character that is constantly threatened by redevelopment. Current and prospective historic property owners, their neighbors, architects, develops, and contractors will be aware of the City's preservation guidelines from the onset which will save time and money while avoiding a lengthy approval process.

How will the public be informed about the purpose of this project and the value of historic preservation through the project?

The public will be kept informed about the purpose and progress of this project through a dedicated page on the City's website. The page will outline all of the project goals, timeline, and review processes associated with the project, and will provide contact information for any additional questions. Additionally, the City will utilize social media and the monthly newsletters to keep the project visible. Finally, any review at the Historic District Commission level will be open to the public, and the agendas are posted at City Hall, online, and residents are notified of new agendas through the City's Constant Contact service.

GRANT FUNDING REQUEST

CLG Grant Funding Request: **\$15,000**
Minimum of \$5,000

Total Project Amount: **\$15,000**

Source of Total Project Amount (City, Nonprofit, etc.): **City**

Total Project Amount Kind (Cash, In-Kind Services, etc.): **\$15,000**

PROJECT BUDGET

All grant funds are paid on an **EXPENSE REIMBURSEMENT** basis only. The grantee must have funds available for expenditure amounting to 100 percent of the project cost at the time of a grant application submittal. The grantee will be reimbursed for eligible expenses incurred (up to the grant amount) at the end of the grant process. Federal funds, excluding Federal Community Development Block Grant (CDBG) funds, are not allowable as CLG grant project funding.

The SHPO will review and may make changes to the budget line items as submitted in the application. The final budget approved by the SHPO will become an attachment to the grant agreement. Allowable costs are listed below:

Allowable Work Items

- Paid Staff Time and In-Kind Services: Compensation for project personnel during the project period including wages, salaries, and supplementary compensation and benefits are allowable costs, but additional materials must be submitted with the CLG grant application. Project personnel must demonstrate that they meet or exceed the professional requirements as stated in 36 CFR Part 61.
 - Fringe benefits for paid or in-kind employees in the form of employer's contributions to social security, life and health insurance plans, unemployment insurance coverage, worker's compensation plans, and pension plans are allowable, provided costs are distributed equitably to grant costs and other activities.
- Transportation, lodging, subsistence and related items for project personnel who are in travel status for project-related work is allowable. Costs are charged on an actual basis and must be consistent with the Standard State of Michigan rate. Documentation and invoices must be provided for each cost. First-class airfare is not allowable.
- The cost of supplies necessary to carry out the grant work is allowable. Purchases under \$500.01 made specifically for the grant work shall be charged at their actual prices after deducting all cash discounts, trade discounts, rebates and allowances received by the grant recipient. Supplies exceeding \$500.01 must be competitively bid and required documentation of the competitive bid process must be determined in consultation with the SHPO.
- The grant recipient may contract all or part of the project work. Free and open competition must be maintained. The SHPO must receive documentation of the procurement at each stage and must approve the contractor and contract.

Unallowable Work Items

- Acquisition
- Non-historic site features such as parking lots
- Certain environmental cleanup activities required under federal law
- Reconstruction of demolished buildings (Reconstruction of certain missing elements may be allowable if based upon historical documentation, such as photographs.)
- Expenses and costs of organized fundraising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions
- Fines, penalties, debts or losses arising from non-collectable accounts and other claims, and related collection costs
- Interest and other financial costs; interest on borrowing
- Volunteer labor of professionals, such as roofers, painters, electricians, plumbers, etc.
- Cost-plus subcontracts, unlimited time and materials sub-contracts, and contingency fees
- Entertainment, costs of amusements, social activities, and related incidental cost such as meals, beverages, lodgings, rentals, transportation, and gratuities
- Costs of meals for employees when they are not in travel status
- Historical markers are not an allowable cost
- Students in a federally funded work/study program cannot contribute in-kind services
- Archaeological Salvage
- Lobbying, costs associated with activities to influence legislation
- Political activities or any other, no grant funds may be made for the use of equipment or premises for political purposes, political activities sponsoring or conducting candidates' meeting(s), engaging in voter registration activity or voter transportation activity, or other partisan political activities

| WORK ITEMS | CLG FUNDS | PROJECT TOTAL |
|--|-----------|---------------|
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| TOTALS: | | |
| <i>The budget should be detailed and describe the work to be done and include all estimated costs. Applicants are strongly encouraged to include a vendor quotation for the work and services to be completed. Providing estimates with your application helps the reviewers understand the reasonableness of costs associated with the project.</i> | | |

GRANT ADMINISTRATION EXPERIENCE

Provide brief description of the experience your organization has in administering federal grant funds. Specifically identify federal grant funds administered in the last 5 years, including funding program, amounts, and dates of administered grants.

WORK SCHEDULE

Instructions: On the following page provide a work schedule. Please consider that work cannot begin until the grant agreement is executed. Awarded grants will have until **September 30, 2022**, to complete the project work.

Grant agreements that include the hiring of a consultant or contractor should include dates for the following bidder solicitation activities:

- Execution of grant agreement
- Submit draft RFP, solicitation letter, and advertisement to SHPO for approval
- SHPO approval of RFP, solicitation letter and advertisement (allow 30 days)
- Solicit bids
- Bids due (allow 30 days)
- Submit bids, rationale for bidder selection
- Submit draft consultant contract to SHPO for approval (allow 30 days)
- SHPO comments and recommends changes for consultant contract
- Executed contract submitted to SHPO

Work schedules must also include the following:

- Quarterly progress reports (due dates are January 15, April 15, July 15, and September 15)
- Project kick-off meeting with CLG and consultant(s)
- Completion of major project milestones (e.g., start and completion of fieldwork; preparation of draft and final studies, reports, or other products; etc.)
- Anticipated public meetings and/or presentations
- SHPO review of 75% and 90% draft products (allow 30 days)
- SHPO review of final products (allow 30 days)
- Submission of completion report and reimbursement request to SHPO

| DATE | Grant Agreement |
|---|---|
| May 2021 | Grant agreement executed |
| DATE | Grant Project Work Items |
| February 2021 | Prepare Draft RFP for Competitive Bid Process |
| May 2021 | Submit Draft RFP, Solicitation Letter, and Advertisement to SHPO for Approval |
| June 2021 | SHPO Approval of RFP, Solicitation Letter and Advertisement |
| June 2021 | Solicit Bids |
| July 2021 | Bids Due |
| July 2021 | Submit Bids, Rationale for Bidder Selection |
| August 2021 | Submit Draft Consultant Contract to SHPO for Approval |
| September 2021 | SHPO Comments and Recommends Changes for Consultant Contract |
| September 2021 | Executed Contract Submitted to SHPO |
| October 2021 | Project Kick-Off Meeting with CLG and Consultant(s) |
| October/November 2021 | Start & Complete Fieldwork and Research |
| November 2021 | Prepare Draft Report |
| December 2021 | Review Draft Report at HDC, |
| January 15, 2022 | Quarterly Progress Report |
| January 2022 | SHPO review of 75% draft products |
| February 2022 | SHPO review of 90% draft products |
| March 2022 | Prepare Final Report |
| April 2022 | Review Final Report at HDC |
| April 15, 2022 | Quarterly Progress Report |
| May 2022 | SHPO Review of Final Products |
| | |
| DATE | Project Close-Out |
| June 2022 | Submission of Completion Report and Reimbursement Request to SHPO |
| Provide an estimated project schedule based on a September 30, 2022 completion date. Note: this deadline is federally mandated. All project work must be completed, including billing and reporting, by this date. No extensions will be given. | |

ASSURANCES: FOR NON-CONSTRUCTION PROJECTS

ASSURANCES – NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capabilities (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794) which, prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-554, as amended, 7 U.S.C. §§2132 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) Which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1966 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

| | |
|---|----------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |
| APPLICANT ORGANIZATION | DATE SUBMITTED |

Standard Form 424D (Rev. 7-97)

CERTIFICATE VERIFYING KEY PERSONS OF THE CONTRACTOR/SUBGRANTEE

The Certificate Verifying Key Persons of the Grant Recipient/Contractor identifies the key individuals that will be responsible for administering the CLG grant agreement. This form also ensures that Grantee and its employees, agents, and independent contractors acknowledge that 2007 PA 95, MCL 38.68c requires retirees of the State Employees Retirement System ("Pensioned Retirees") who become employed by the State either directly or indirectly through a contractual arrangement with another party on or after October 1, 2007 to forfeit their state pension for the duration of their reemployment.

The Certificate Verifying Key Persons of the Grant Recipient/Contractor must be completed, signed and dated by the authorized grant agreement signatory or another appropriate individual. This form acknowledges that only Key Persons shall perform the services under the CLG grant agreement.

Instructions

- Include the names of all employees, agents and independent contractors who will perform or render services pursuant to the grant agreement.
- The signatory for the grant agreement will be the sole Key Person for the CLG grant project.
- If the Grant Recipient wishes to add an agent, employee, or independent contractor as a Key Person during the term of the grant agreement, they shall complete and submit to SHPO a new Key Persons Form including the names of the additional individuals.

CERTIFICATE VERIFYING KEY PERSONS OF THE GRANTEE

The Grantee acknowledges that the following personnel are Key Persons of the Grantee:

(1) Name _____
(Print or type Name above line)

Title with Grantee _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

(2) Name _____
(Print or type Name above line)

Title with Grantee _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

(3) Name _____
(Print or type Name above line)

Title with Grantee _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

Print or Type Grantee Name Above Line

By: _____
Signature Date

Name of Signatory for Grantee: _____
Print/Type Name of Signatory Above Line

Its: _____

Federal Identification Number: _____

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion must be signed and dated by the authorized signatory or another appropriate individual and returned to SHPO. Signature of this form provides for compliance with Federal certification requirements for new restrictions on Lobbying, Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace.

Instructions

- Part A - The authorized Grant Recipient must complete this section.
- Part B - The authorized Grant Recipient must complete this section.
- Part C - If the Grant Recipient is an organization, Part C must also be completed.
 - Part C contains two sections, both of which must be completed if Part C applies.
- Part D - If the Grant Recipient is an individual, Part D must also be completed.
- Part E - The Grant Recipient certifying official must complete the signature section.

This form cannot be altered, amended, changed, or modified in any way.

**U.S. Department of the Interior
Certifications Regarding Debarment, Suspension and
Other Responsibility Matters, Drug-Free Workplace
Requirements and Lobbying**

Persons signing this form should refer to the regulations referenced below for complete instructions:

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions – **The prospective primary participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.** See below for language to be used or use this form certification and sign. (See Appendix A of Subpart D of 43 CFR Part 12.)

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions - (See Appendix B of Subpart D of 43 CFR Part 12.)

Certification Regarding Drug-Free Workplace Requirements - Alternate I. (Grantees Other Than Individuals) and Alternate II. (Grantees Who are Individuals) - (See Appendix C of Subpart D of 43 CFR Part 12)

Signature on this form provides for compliance with certification requirements under 43 CFR Parts 12 and 18. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of the Interior determines to award the covered transaction, grant, cooperative agreement or loan.

**PART A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters-
Primary Covered Transactions**

CHECK _____ IF THIS CERTIFICATION IS FOR A PRIMARY COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**PART B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion –Lower
Tier Covered Transactions**

CHECK _____ IF THIS CERTIFICATION IS FOR A LOWER TIER COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

PART C: Certification Regarding Drug-Free Workplace Requirements

CHECK _____ IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS NOT AN INDIVIDUAL

Alternate I. (Grantees Other Than Individuals)

A. The grantee certifies that it will or continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a) (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check _____ if there are workplaces on files that are not identified here.

PART D:

CHECK _____ IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS AN INDIVIDUAL

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

DI-2011
June 1995
(This form replaces DI-1953, DI-1954,
DI-1955, DI-1956 and DI-1963)

PART E: Certification Regarding Lobbying
Certification for Contracts, Grants, Loans, and Cooperative Agreements

CHECK _____ IF CERTIFICATION IS FOR THE AWARD OF ANY OF THE FOLLOWING AND THE AMOUNT EXCEEDS \$100,000: A FEDERAL GRANT OR COOPERATIVE AGREEMENT, SUBCONTRACT, OR SUBGRANT UNDER THE GRANT OR COOPERATIVE AGREEMENT.

CHECK _____ IF CERTIFICATION FOR THE AWARD OF A FEDERAL LOAN EXCEEDING THE AMOUNT OF \$150,000, OR A SUBGRANT OR SUBCONTRACT EXCEEDING \$100,000, UNDER THE LOAN.

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

As the authorized certifying official, I hereby certify that the above specified certifications are true.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED NAME AND TITLE

DATE

DI-2011
June 1995
(This form replaces DI-1953, DI-1954,
DI-1955, DI-1956 and DI-1963)

W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Complete the W-9 Request for Taxpayer Identification Number and Certification form. This form is used for payment purposes following the completion of the project.

Instructions

- List the name and federal identification number of the organization that will receive CLG grant funds.

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 (as shown on your income tax return) | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Exempt payee | |
| | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ | |
| | <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| 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. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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 3. 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 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|---|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| | | | | - | | | - | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |
| | | | | - | | | | | |

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. citizen or other U.S. person (defined below).

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 4.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

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

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt 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,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
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 below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

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 income tax return. 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 entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "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/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

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

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|---|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 5 and 7 through 13. Also, C corporations. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 7 ² |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

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 a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 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 or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use 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 apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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. Entering "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 item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

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, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

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 ³ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A)) | The grantor ⁴ |
| For this type of account: | Give name and EIN of: |
| 7. Disregarded entity not owned by an individual | The owner |
| 8. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A broker or registered nominee | The broker or nominee |
| 13. 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 |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B)) | The trust |

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 and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the 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.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

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.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

CERTIFIED LOCAL GOVERNMENT AUTHORIZED SIGNATORY

Signature: _____

Date: _____

The Grant Application Form must be signed and dated by the authorized contract signatory or another appropriate individual.

Printed Name and Title: _____

CLG Sponsorship (if applicable)

Signature: _____

Date: _____

The Grant Application Form must be signed and dated by the authorized contract signatory or another appropriate individual.

Printed Name and Title: _____

CHECKLIST

Attach the following Exhibits to complete the CLG grant application. Please refer to the CLG Grant Manual for instructions.

- ☐ Exhibit A: Financial Certification
- ☐ Exhibit B: 36 CFR 61 Professional Qualifications Standards
- ☐ Exhibit C: Resolution and/or Memorandum of Understanding
- ☐ Exhibit D: Grant Application Support Letters
- ☐ Exhibit E: Bylaws and Articles of Incorporation
- ☐ Exhibit F: Photographs and Other Supporting Documentation
- ☐ Exhibit G: Deed and Ownership Information (single resource National Register nominations only)

Applications Due: Completed applications must be received by SHPO **no later than 5:00 p.m. on October 1, 2020.**

Submit one electronic Certified Local Government Grant Application Form and Exhibits in Portable Document Format (PDF) to Joelle Letts, Grants Manager/Budget Specialist, at LettsJ1@michigan.gov

Failure to submit a timely application or failure to provide all information requested above may result in your application not being scored.



Michigan Certified Local Government Grant Application Planning, Documentation & Education



Grant Application Form Instructions:

1. Use the most current Grant Application Form version.
2. Electronically complete the entire Grant Application Form, electronically sign, and submit with the required Exhibits to LettsJ1@michigan.gov.
3. Follow the Exhibit Instructions in the CLG Grant Manual.

PROJECT INFORMATION

Grant Project Name: [Little San Francisco Survey](#)

Identify the project type covered by the grant application:

- ☒ Above-Ground Survey ☐ Archaeological Study ☐ Local Historic District Study ☐ National Register Nomination
☐ Preservation Planning [Specific type:]
☐ Public Education [Specific type:]

APPLICANT INFORMATION

Certified Local Government: [City of Birmingham, MI](#)

Grant Recipient Name: [City of Birmingham, MI](#)

This must be an active CLG in good standing with SHPO.

Federal ID Number:

DUNS Number:

The Federal Funding Accountability and Transparency Act, P.L. 109-282, as amended by section 6202(a) of P.L. 110-252, Subaward Reporting System requires the SHPO to utilize the DUNS Number to report first-tier subaward federal contracts and grants.

Certified Local Government Street Address: [151 Martin St.](#)

City, State: [Birmingham, MI](#)

Zip Code: [48012](#)

Project Coordinator Name: [Nicholas Dupuis, City Planner](#)

This individual must have complete knowledge of the day-to-day activities with the proposed grant-funded work.

Telephone Number: [248-530-1856](#)

Mobile Telephone Number: [N/A](#)

Email Address: ndupuis@bhamgov.org

Project Coordinator Street Address: [151 Martin St.](#)

City, State: [Birmingham, MI](#)

Zip Code: [48012](#)

| CLG Sponsorship Applicant Information (if applicable) | |
|---|--|
| Nonprofit or Other Public Entity: N/A | |
| Federal ID Number: N/A | |
| DUNS Number: N/A | |
| <i>The Federal Funding Accountability and Transparency Act, P.L. 109-282, as amended by section 6202(a) of P.L. 110-252, Subaward Reporting System requires the SHPO to utilize the DUNS Number to report first-tier subaward federal contracts and grants.</i> | |
| Nonprofit or Other Public Entity Contact Name: N/A | |
| Telephone Number: N/A | Mobile Telephone Number: N/A |
| Email Address: N/A | |
| Street Address: N/A | |
| City, State: N/A | Zip Code: N/A |

| CLG LEGISLATIVE INFORMATION | |
|--|--|
| <i>This information is used to contact your elected officials if a grant is awarded.</i> | |
| U.S. Senator Name: Debbie Stabenow | U.S. Senator Name: Gary Peters |
| U.S. Congressional District Number: 11 | |
| Name of Congressman or Congresswoman: Haley Stevens | |
| State Senate District Number: 13 | |
| Name of State Senator: Mallory McMorrow | |
| State House of Representative District Number: 40 | |
| Name of State Representative: Mari Manoogian | |

SCOPE OF WORK

On page 6, describe in detail the scope of work for your project. The narrative should:

- State the goals of the project;
- Identify the project need and provide an explanation of how the project activity addresses the need;
- Describe in detail the work activity(ies) and anticipated outcome(s); and
- Provide a list of the final products that will be provided to SHPO and indicate the medium. Example:

| | |
|---|--|
| National Register Nomination for <i>Willenholly Building</i> | One or more flash drives, as necessary, including all items identified in SHPO's National Register Submission Checklist. |
| <i>Willenholly Building</i> Survey Data | 2 sets of CDs/DVDs or flash drives containing survey data in MS Access, Excel or GIS shapefile. |
| <i>Willenholly Building</i> Survey Report | 2 printed spiral bound original reports and 2 sets of CDs/DVDs or flash drives containing survey report in Word. |
| <i>Willenholly Preservation Plan</i> | 2 printed spiral bound plans and 2 sets of CDs/DVDs or flash drives containing a PDF copy of the plan. |

The scope of work demonstrates to reviewers how the project will proceed and that you have considered all elements of a successful project. The scope should complement the timeline and be sufficiently detailed so that the reviewers have a full understanding of the need of your project, activities to be completed, and the anticipated impact of the project. Additional guidance on describing the scope of work for particular project types is provided below:

Public Education Projects

- Describe the type of education project, program, or publication (e.g., heritage tourism program, K-12 lesson plan, pamphlet for property owners in local districts, workshops, etc.) to be produced or coordinated.
- Describe the purpose of your project, including the need it addresses.
- Describe the targeted audience(s) and how the project is appropriate for the targeted audience(s).
- Describe the methodology for developing the project, program, or publication and achieving your goals.
- Describe the anticipated content of your project, program, or publication.
- Describe the anticipated format for your project, program, or publication, including any physical or digital products that will be produced and how they will be distributed or made available to the public. Identify if it is intended for one time or continued use.
- Describe any examples of similar projects previously completed by the community and/or models from other communities to be used, if applicable.
- Describe the anticipated outcome and benefits of the project.

Archaeological Projects

- Projects involving excavation and planning studies should be discussed with the State Archaeologist prior to submission of an application.
- State the objectives of the project and the research, management and/or planning needs the project will address. Specify whether the project is an archaeological survey or a testing project.
- Describe the research design, including methods and techniques to be used. Sampling methodology, the use of shovel testing and test interval, the use of specialized equipment such as use of sonar equipment for underwater work, and similar topics should be discussed, as applicable. Mention any documentary research to be conducted (site file searches, historical records etc.). Describe any other sources of information such as oral history, informant interview, and collections study. Types of records to be compiled for the project (e.g., site forms, photographs, USGS maps) should be specified.
- Provide a map with the specific project area clearly outlined and estimate the number of acres to be field checked and number of sites anticipated to be found (example: 10,000 + 500 acres; 100 + 15 sites).
- Specify the repository for project collections and records. The repository must meet the *Secretary of the Interior's Standards and Guidelines for Archaeology and Historic Preservation*.

Above-ground Survey Projects

- Describe the type of survey (reconnaissance, intensive, or thematic) to be undertaken.
- Describe the need for the project and identify the goals of the survey.
- Describe the geographic area or theme to be surveyed and explain how they were chosen. Provide a brief summary of the overall appearance and history of the survey area, discussing such things as: population; development patterns; and urban, rural, or neighborhood characteristics.
- Include a map clearly showing the proposed survey boundaries (not applicable for thematic surveys) and a verbal description of the project's boundaries. If the project covers an entire city or county, include a written statement of this fact.
- Identify the number of resources to be surveyed and the estimated acreage covered by the survey.
- For thematic surveys, describe the significance of the property type and/or context to be studied. Include a list of resources anticipated to be surveyed as part of the project.
- Describe the survey methodology or research design. Projects must comply with the [Michigan Above Ground Survey Manual](#). Topics to address include, at a minimum, how fieldwork will be conducted, what sources will be utilized for research, and how assessments of the documented properties shall be conducted (use of the National Register selection criteria). Describe any known sources of information that may be useful in completing the survey and developing related historic context(s).
- Describe the anticipated products and contents of products, including how they will be distributed and/or how the resulting information will be shared with the public. Provide a list of the proposed themes that will be addressed in the historic context. A historic context is information about historic trends and properties organized by theme, time period and geographic area. Projects must use the themes listed in *National Register Bulletin 15: How to Apply National Register Criteria for Evaluation* but may tailor them further as appropriate.
- Describe how the survey results will be used for subsequent preservation activities and/or anticipated subsequent phases of the project.
- If available, include ballpark cost estimates from qualified professionals for completing the proposed project. When computing budget costs, include at least one public meeting and plan on preparing three sets of survey data; one will be kept at the local level and two will be submitted to the SHPO.

National Register of Historic Places Nominations

- Describe the proposed project, including the type of nomination and number and types of resources to be nominated. Identify whether the project is to produce a new nomination or amend existing documentation.
- Describe the need for the project and identify the goals of nominating the property. Describe the reasons for seeking nomination of the property to the National Register (e.g., public recognition or potential to spur economic investment). If the project is being undertaken as part of a larger community revitalization or economic development program, describe how the project will benefit those activities.
- Describe the resource(s) to be nominated, including a summary of current conditions and significance. Summarize previous determinations of eligibility, previous efforts to nominate and/or preserve the property, and any known changes since the determination of eligibility (or previous listing for amendments).
- If more than one nomination is to be prepared by the project, provide a tentative list of all the proposed nominations to be prepared, indicating for each, the type of nomination (individual property, district, or multiple property) and the approximate number of resources of each type (buildings, structures, objects, or sites) that each area contains.
- If the application is to prepare a Multiple Property Documentation Form (MPDF), identify the property types and/or themes to be addressed.
- Summarize known resources that may be useful in preparing the nomination and summarize additional documentation and research that may be necessary.
- Provide a list of the proposed areas of significance that will be addressed in the historic context. A historic context is information about historic trends and properties organized by theme, time period and geographic area. Projects must use the themes listed in *National Register Bulletin 15: How to Apply National Register Criteria for Evaluation*.
- Identify any documentation to be completed of the property (e.g., digital photographs, site plans, etc.), including if survey records are to be updated as part of the project.
- Provide a locational map and verbal description of the area to be nominated. For historic districts, describe the boundaries and explain how they were chosen.
- For individual resources: if the CLG is not the property owner, summarize property owner support or opposition for the nomination. Include a letter from the property owner supporting the nomination.
- For historic districts: summarize efforts to engage property owners and known support or opposition for the nomination.

Local Historic District Studies

- Describe the purpose of the project, the anticipated products and outcomes, and the proposed use of the products. Describe what the CLG hopes to accomplish through the process of establishing a local historic district.
- Describe the area to be studied, including a summary of the area's history, current conditions, and significance. Explain how the boundaries were chosen. Provide a map clearly outlining the boundaries of the area to be studied.
- Summarize any previous studies or previous efforts to designate the area and/or protect the property.
- Summarize the nature of survey records and report available to support the information to be presented in the Local Historic District Study. Identify additional work that will be necessary to sufficiently and appropriately make recommendations in consideration of the National Register Criteria and the requirements of Public Act 169 of 1970, as amended.
- Identify the steps to be completed during the project. Projects must comply with the requirements of Public Act 169 of 1970, as amended.
- Describe the project's relationship to broader community planning activities. If the project is being undertaken as part of a larger community revitalization or economic development program, describe how the CLG project will contribute to the goals of the community program revitalization or economic development program.
- Describe any public and/or local government support for the potential establishment of the local historic district, and identify any public outreach that the CLG has already initiated regarding a proposed study of the area (e.g., community meetings or discussions at historic district committee meetings).
- Provide a copy of the resolution from the local unit of government authorizing the creation of the historic district study committee.
- Provide a list of the names of the historic district study committee members and short description of their history or preservation affiliation. Resumes may be submitted.

Preservation Planning Projects

- Describe the type of planning activity (e.g., preservation plan, design guidelines, economic impact study, etc.) being pursued. Note: Applications for planning documents for specific properties (e.g., historic structure reports, feasibility studies, engineering studies, etc. should use the grant manual for Rehabilitation and Rehabilitation Planning Projects available at www.michigan.gov/CLGgrants).
- Identify whether the project is to produce a new planning study or to update an existing study. If the project is to update an out-of-date or deficient planning document currently being used by the community, describe the issues to be addressed by the current project and include a copy of the current document being used.
- Describe the purpose of the project, including the need it addresses. Identify any local stresses, threats, or weaknesses in the local preservation program that will be addressed by the project.
- Describe the targeted audience(s) and how the project is appropriate for the targeted audience(s).
- Identify the boundaries of areas and/or the types of resources to be covered by the project, as applicable.
- Describe the methodology for achieving your project goals.
- Describe the project's relationship to previous and/or ongoing preservation planning activities.
- Describe how the project will relate to other community planning or development activities (e.g., community planning, zoning, economic revitalization, etc.).
- Describe how the project will contribute to the protection of significant historic resources in the community.
- Describe anticipated public outreach and engagement activities associated with development of the project.
- Describe the anticipated products and contents of products, including how they will be distributed or made available to the public.
- Describe the anticipated outcome and benefits of the project.

Project Objectives

All applications, regardless of project type, must also address the following questions:

- How will the project enhance the effectiveness of the CLG's activities and preservation programs? Describe the impact the project will have on the CLG's ability to identify, plan for, protect, and celebrate historic resources.
- What is the relationship of the project to the CLG's planning goals and priorities as identified in the CLG's annual reports and/or four-year evaluation?
- What is the urgency of the project? For example, does it address an immediate threat to certain properties? Does it address a weakness of current preservation activities in the community? Is it related to forthcoming community planning, economic development, or revitalization activities?
- Identify if the project meets one or more of Michigan's Historic Preservation Goals identified by the SHPO in Michigan's Historic Preservation Plan and/or one or more of SHPO's funding priorities for 2021.
- Describe the public or community benefit resulting from the project. Are there local partnerships between the CLG and other organizations that will be addressed? Which community stakeholders will potentially benefit from the activity?
- How will the public be informed about the purpose of this project and the value of historic preservation through the project?

SCOPE OF WORK

The Little San Francisco neighborhood, named for its hilly tree-lined streetscape, is Birmingham's smallest neighborhood covering just 20 acres. It is also one of the nearest neighborhoods to the burgeoning downtown commercial area. At present, the houses in the area are generally preserved from their 1910's and 1920's vintage, or have been rebuilt within the last 20 years. None of the homes in the Little San Francisco neighborhood have been historically designated (locally or nationally), nor did any of them participate in the City's Heritage Home program while it was active (recognizing homes that are 100+ years in age). Based on the City's current records, there are 38 homes in the neighborhood that are over 100 years old with 19 more aging into that category by 2024. This makes up a significant portion of the roughly 75 homes present in the neighborhood today. In seeking a reconnaissance level survey of the Little San Francisco neighborhood, the City will be able to accomplish a number of goals. First, the survey will be the first performed in the City since the Post WWII Eco City neighborhood was studied in the early 2010's. With the development pressures facing Birmingham's old or outdated homes, it is important to document Birmingham history and make progress towards preserving such. Second, the City's Historic District Study Committee, whose duties are to inventory, research, prepare reports and provide designation recommendations, will benefit greatly from working closely with a professional survey consultant to understand the processes and forms required for a reconnaissance level survey. This will allow the study committee to confidently perform surveys of their own in the future. Finally, the Little San Francisco neighborhood is the most well defined neighborhood within the City with well preserved homes, but its relationship to Downtown Birmingham and the associated land values create an environment that suits demolition over preservation. Performing a survey of this neighborhood will begin the process for a potential neighborhood historical designation and/or individual designations.

PROJECT OBJECTIVES

How will the project enhance the effectiveness of the CLG's activities and local preservation programs? Describe the impact the project will have on the CLG's ability to identify, plan for, protect, and celebrate important historic resources.

A reconnaissance level survey of the Little San Francisco neighborhood will provide a stepping-stone for the next decade of historical preservation efforts in the City. Taking the first step towards preserving a unique neighborhood will make it easier for the City to identify, protect and celebrate other areas moving forward.

What is the relationship of the project to the CLG's planning goals and priorities as identified in the CLG's annual reports and/or four-year evaluation?

The annual report prepared in 2019 listed Community Partnership Program applications as its first goal. One of the projects that was submitted was the survey of the Little San Francisco neighborhood.

What is the urgency of the project? For example, does it address an immediate threat to certain properties? Does it address a weakness of current preservation activities in the community? Is it related to forthcoming community planning, economic development, or revitalization activities?

Identify if the project meets one or more of Michigan's Historic Preservation Goals identified by the SHPO in Michigan's Historic Preservation Plan and/or one or more of SHPO's funding priorities for 2021.

Describe the public or community benefit resulting from the project. Are there local partnerships between the CLG and other organizations that will be addressed? Which community stakeholders will potentially benefit from the activity?

How will the public be informed about the purpose of this project and the value of historic preservation through the project?

GRANT FUNDING REQUEST

CLG Grant Funding Request: **\$8,000**
Minimum of \$5,000

Total Project Amount: **\$8,000**

Source of Total Project Amount (City, Nonprofit, etc.): **City**

Total Project Amount Kind (Cash, In-Kind Services, etc.):

PROJECT BUDGET

All grant funds are paid on an **EXPENSE REIMBURSEMENT** basis only. The grantee must have funds available for expenditure amounting to 100 percent of the project cost at the time of a grant application submittal. The grantee will be reimbursed for eligible expenses incurred (up to the grant amount) at the end of the grant process. Federal funds, excluding Federal Community Development Block Grant (CDBG) funds, are not allowable as CLG grant project funding.

The SHPO will review and may make changes to the budget line items as submitted in the application. The final budget approved by the SHPO will become an attachment to the grant agreement. Allowable costs are listed below:

Allowable Work Items

- Paid Staff Time and In-Kind Services: Compensation for project personnel during the project period including wages, salaries, and supplementary compensation and benefits are allowable costs, but additional materials must be submitted with the CLG grant application. Project personnel must demonstrate that they meet or exceed the professional requirements as stated in 36 CFR Part 61.
 - Fringe benefits for paid or in-kind employees in the form of employer's contributions to social security, life and health insurance plans, unemployment insurance coverage, worker's compensation plans, and pension plans are allowable, provided costs are distributed equitably to grant costs and other activities.
- Transportation, lodging, subsistence and related items for project personnel who are in travel status for project-related work is allowable. Costs are charged on an actual basis and must be consistent with the Standard State of Michigan rate. Documentation and invoices must be provided for each cost. First-class airfare is not allowable.
- The cost of supplies necessary to carry out the grant work is allowable. Purchases under \$500.01 made specifically for the grant work shall be charged at their actual prices after deducting all cash discounts, trade discounts, rebates and allowances received by the grant recipient. Supplies exceeding \$500.01 must be competitively bid and required documentation of the competitive bid process must be determined in consultation with the SHPO.
- The grant recipient may contract all or part of the project work. Free and open competition must be maintained. The SHPO must receive documentation of the procurement at each stage and must approve the contractor and contract.

Unallowable Work Items

- Acquisition
- Non-historic site features such as parking lots
- Certain environmental cleanup activities required under federal law
- Reconstruction of demolished buildings (Reconstruction of certain missing elements may be allowable if based upon historical documentation, such as photographs.)
- Expenses and costs of organized fundraising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions
- Fines, penalties, debts or losses arising from non-collectable accounts and other claims, and related collection costs
- Interest and other financial costs; interest on borrowing
- Volunteer labor of professionals, such as roofers, painters, electricians, plumbers, etc.
- Cost-plus subcontracts, unlimited time and materials sub-contracts, and contingency fees
- Entertainment, costs of amusements, social activities, and related incidental cost such as meals, beverages, lodgings, rentals, transportation, and gratuities
- Costs of meals for employees when they are not in travel status
- Historical markers are not an allowable cost
- Students in a federally funded work/study program cannot contribute in-kind services
- Archaeological Salvage
- Lobbying, costs associated with activities to influence legislation
- Political activities or any other, no grant funds may be made for the use of equipment or premises for political purposes, political activities sponsoring or conducting candidates' meeting(s), engaging in voter registration activity or voter transportation activity, or other partisan political activities

| WORK ITEMS | CLG FUNDS | PROJECT TOTAL |
|--|-----------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTALS: | | |
| <i>The budget should be detailed and describe the work to be done and include all estimated costs. Applicants are strongly encouraged to include a vendor quotation for the work and services to be completed. Providing estimates with your application helps the reviewers understand the reasonableness of costs associated with the project.</i> | | |

GRANT ADMINISTRATION EXPERIENCE

Provide brief description of the experience your organization has in administering federal grant funds. Specifically identify federal grant funds administered in the last 5 years, including funding program, amounts, and dates of administered grants.

WORK SCHEDULE

Instructions: On the following page provide a work schedule. Please consider that work cannot begin until the grant agreement is executed. Awarded grants will have until **September 30, 2022**, to complete the project work.

Grant agreements that include the hiring of a consultant or contractor should include dates for the following bidder solicitation activities:

- Execution of grant agreement
- Submit draft RFP, solicitation letter, and advertisement to SHPO for approval
- SHPO approval of RFP, solicitation letter and advertisement (allow 30 days)
- Solicit bids
- Bids due (allow 30 days)
- Submit bids, rationale for bidder selection
- Submit draft consultant contract to SHPO for approval (allow 30 days)
- SHPO comments and recommends changes for consultant contract
- Executed contract submitted to SHPO

Work schedules must also include the following:

- Quarterly progress reports (due dates are January 15, April 15, July 15, and September 15)
- Project kick-off meeting with CLG and consultant(s)
- Completion of major project milestones (e.g., start and completion of fieldwork; preparation of draft and final studies, reports, or other products; etc.)
- Anticipated public meetings and/or presentations
- SHPO review of 75% and 90% draft products (allow 30 days)
- SHPO review of final products (allow 30 days)
- Submission of completion report and reimbursement request to SHPO

ASSURANCES: FOR NON-CONSTRUCTION PROJECTS

ASSURANCES – NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capabilities (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794) which, prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-554, as amended, 7 U.S.C. §§2132 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) Which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1966 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

| | |
|---|----------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |
| APPLICANT ORGANIZATION | DATE SUBMITTED |

Standard Form 424D (Rev. 7-97)

CERTIFICATE VERIFYING KEY PERSONS OF THE CONTRACTOR/SUBGRANTEE

The Certificate Verifying Key Persons of the Grant Recipient/Contractor identifies the key individuals that will be responsible for administering the CLG grant agreement. This form also ensures that Grantee and its employees, agents, and independent contractors acknowledge that 2007 PA 95, MCL 38.68c requires retirees of the State Employees Retirement System ("Pensioned Retirees") who become employed by the State either directly or indirectly through a contractual arrangement with another party on or after October 1, 2007 to forfeit their state pension for the duration of their reemployment.

The Certificate Verifying Key Persons of the Grant Recipient/Contractor must be completed, signed and dated by the authorized grant agreement signatory or another appropriate individual. This form acknowledges that only Key Persons shall perform the services under the CLG grant agreement.

Instructions

- Include the names of all employees, agents and independent contractors who will perform or render services pursuant to the grant agreement.
- The signatory for the grant agreement will be the sole Key Person for the CLG grant project.
- If the Grant Recipient wishes to add an agent, employee, or independent contractor as a Key Person during the term of the grant agreement, they shall complete and submit to SHPO a new Key Persons Form including the names of the additional individuals.

CERTIFICATE VERIFYING KEY PERSONS OF THE GRANTEE

The Grantee acknowledges that the following personnel are Key Persons of the Grantee:

(1) Name _____
(*Print or type Name above line*)

Title with Grantee _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

(2) Name _____
(*Print or type Name above line*)

Title with Grantee _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

(3) Name _____
(*Print or type Name above line*)

Title with Grantee _____

Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes _____/No _____

Print or Type Grantee Name Above Line

By: _____
Signature Date

Name of Signatory for Grantee: _____
Print/Type Name of Signatory Above Line

Its: _____

Federal Identification Number: _____

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion must be signed and dated by the authorized signatory or another appropriate individual and returned to SHPO. Signature of this form provides for compliance with Federal certification requirements for new restrictions on Lobbying, Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace.

Instructions

- Part A - The authorized Grant Recipient must complete this section.
- Part B - The authorized Grant Recipient must complete this section.
- Part C - If the Grant Recipient is an organization, Part C must also be completed.
 - Part C contains two sections, both of which must be completed if Part C applies.
- Part D - If the Grant Recipient is an individual, Part D must also be completed.
- Part E - The Grant Recipient certifying official must complete the signature section.

This form cannot be altered, amended, changed, or modified in any way.

**U.S. Department of the Interior
Certifications Regarding Debarment, Suspension and
Other Responsibility Matters, Drug-Free Workplace
Requirements and Lobbying**

Persons signing this form should refer to the regulations referenced below for complete instructions:

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions – **The prospective primary participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.** See below for language to be used or use this form certification and sign. (See Appendix A of Subpart D of 43 CFR Part 12.)

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions - (See Appendix B of Subpart D of 43 CFR Part 12.)

Certification Regarding Drug-Free Workplace Requirements - Alternate I. (Grantees Other Than Individuals) and Alternate II. (Grantees Who are Individuals) - (See Appendix C of Subpart D of 43 CFR Part 12)

Signature on this form provides for compliance with certification requirements under 43 CFR Parts 12 and 18. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of the Interior determines to award the covered transaction, grant, cooperative agreement or loan.

**PART A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters-
Primary Covered Transactions**

CHECK _____ IF THIS CERTIFICATION IS FOR A PRIMARY COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**PART B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion –Lower
Tier Covered Transactions**

CHECK _____ IF THIS CERTIFICATION IS FOR A LOWER TIER COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

PART C: Certification Regarding Drug-Free Workplace Requirements

CHECK _____ IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS NOT AN INDIVIDUAL

Alternate I. (Grantees Other Than Individuals)

A. The grantee certifies that it will or continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a) (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check _____ if there are workplaces on files that are not identified here.

PART D:

CHECK _____ IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS AN INDIVIDUAL

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

DI-2011
June 1995
(This form replaces DI-1953, DI-1954,
DI-1955, DI-1956 and DI-1963)

PART E: Certification Regarding Lobbying
Certification for Contracts, Grants, Loans, and Cooperative Agreements

CHECK _____ IF CERTIFICATION IS FOR THE AWARD OF ANY OF THE FOLLOWING AND THE AMOUNT EXCEEDS \$100,000: A FEDERAL GRANT OR COOPERATIVE AGREEMENT, SUBCONTRACT, OR SUBGRANT UNDER THE GRANT OR COOPERATIVE AGREEMENT.

CHECK _____ IF CERTIFICATION FOR THE AWARD OF A FEDERAL LOAN EXCEEDING THE AMOUNT OF \$150,000, OR A SUBGRANT OR SUBCONTRACT EXCEEDING \$100,000, UNDER THE LOAN.

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

As the authorized certifying official, I hereby certify that the above specified certifications are true.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED NAME AND TITLE

DATE

DI-2011
June 1995
(This form replaces DI-1953, DI-1954,
DI-1955, DI-1956 and DI-1963)

W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Complete the W-9 Request for Taxpayer Identification Number and Certification form. This form is used for payment purposes following the completion of the project.

Instructions

- List the name and federal identification number of the organization that will receive CLG grant funds.

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 (as shown on your income tax return) | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| | <input type="checkbox"/> Exempt payee | |
| | Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional) | Requester's name and address (optional) |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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 3. 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 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|---|--|--|--|
| Social security number | | | | | | | | | | |
| | | | | - | | | - | | | |
| Employer identification number | | | | | | | | | | |
| | | | | - | | | | | | |

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. citizen or other U.S. person (defined below).

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 4.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

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

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt 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,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
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 below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

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 income tax return. 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 entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "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/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

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

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|---|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 5 and 7 through 13. Also, C corporations. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 7 ² |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

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 a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 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 or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use 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 apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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. Entering "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 item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

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, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

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 ³ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A)) | The grantor ⁴ |
| For this type of account: | Give name and EIN of: |
| 7. Disregarded entity not owned by an individual | The owner |
| 8. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A broker or registered nominee | The broker or nominee |
| 13. 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 |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B)) | The trust |

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 and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the 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.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

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.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

CERTIFIED LOCAL GOVERNMENT AUTHORIZED SIGNATORY

Signature: _____

Date: _____

The Grant Application Form must be signed and dated by the authorized contract signatory or another appropriate individual.

Printed Name and Title: _____

CLG Sponsorship (if applicable)

Signature: _____

Date: _____

The Grant Application Form must be signed and dated by the authorized contract signatory or another appropriate individual.

Printed Name and Title: _____

CHECKLIST

Attach the following Exhibits to complete the CLG grant application. Please refer to the CLG Grant Manual for instructions.

- ☐ Exhibit A: Financial Certification
- ☐ Exhibit B: 36 CFR 61 Professional Qualifications Standards
- ☐ Exhibit C: Resolution and/or Memorandum of Understanding
- ☐ Exhibit D: Grant Application Support Letters
- ☐ Exhibit E: Bylaws and Articles of Incorporation
- ☐ Exhibit F: Photographs and Other Supporting Documentation
- ☐ Exhibit G: Deed and Ownership Information (single resource National Register nominations only)

Applications Due: Completed applications must be received by SHPO **no later than 5:00 p.m. on October 1, 2020.**

Submit one electronic Certified Local Government Grant Application Form and Exhibits in Portable Document Format (PDF) to Joelle Letts, Grants Manager/Budget Specialist, at LettsJ1@michigan.gov

Failure to submit a timely application or failure to provide all information requested above may result in your application not being scored.

APPROVED
8/24/2020
PA 20-0086



CITY OF BIRMINGHAM
Date 08/24/2020 9:45:42 AM
Ref 00171784
Receipt 541584
Amount \$100.00

Administrative Sign Approval Application Planning Division

Form will not be processed until it is completely filled out.

1. Applicant

Name: Signarama - Renee Wenner
Address: 1017 Naughton Dr
Troy, MI 48063
Phone Number: 248-585-6880
Fax Number:
Email Address: renee@michigansignshops.com

2. Property Owner

Name: Aaron Weitzman
Address: 152 N Old Woodward
Phone Number:
Fax Number:
Email Address: jeff@cactusmedia.com

3. Applicant's Attorney/Contact Person

Name:
Address:
Phone Number:
Fax Number:
Email Address:

4. Project Designer/Developer

Name:
Address:
Phone Number:
Fax Number:
Email Address:

5. Project Information

Address/Location of Property: 152 N Old Woodward
Name of Development: VIGA
Parcel ID#:
Current Use:
Area in Acres:
Current Zoning:

Name of Historic District if any:
Date of HDC Approval, if any:
Date of Application for Preliminary Site Plan:
Date of Preliminary Site Plan Approval:
Date of Application for Final Site Plan:
Date of Final Site Plan Approval:
Date of Revised Final Site Plan Approval:

6. Required Attachments

- Two (2) folded paper copies of plans including details of the following:
 - Dimensions of proposed sign(s)
 - Dimensions of building frontage
 - Illumination
 - Height from grade
- Location of proposed sign(s)
- Colors and materials
- Authorization from Property Owner(s) (if applicant is not the owner)
- Material Samples
- Digital Copy of Plans

7. Details of the Request for Administrative Approval

Non-Illuminated Projecting Blade Sign

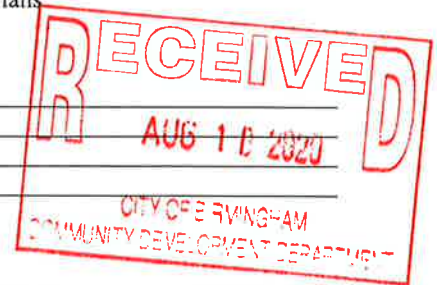
8. Location of Proposed Sign(s)

Column to right of entrance doors

9. Type of Proposed Sign(s)

Wall:
Ground:
Name Letter:
Canopy:

Projecting (Post-Mounted):
Projecting (Wall-Mounted) Yes
Building Identification:
Other:



10. Size of Proposed Sign

Width: 22"
Depth: 2"
Height of Lettering: 5.5"

Overall Height: 22"
Extension from Wall:
Total Square Feet: 3.36

11. Existing Signs Currently on Property

Number:
Square Feet per Sign:

Sign Type(s):
Total Square Feet:

12. Materials/Style of Proposed Sign(s)

Metal: Aluminum Plate and Panel
Plastic:
Wood:
Glass:

Other:
Color #1:
Color #2:
Additional Colors:

13. Content of Proposed Sign(s)

VIGA Shoes - Fashionware

14. Proposed Sign Lighting

Type of Lighting:
Size of Fixtures (LxWxH):
Maximum Wattage per Fixture:
Proposed Wattage per Fixture:

Location:
Number of Lights Proposed:
Height from Grade:
Lighting Style:

15. Landscaping (Ground Signs Only)

Location of Landscape Areas:

Proposed Landscape Material:

The undersigned states the above information is true and correct, and understands that it is the responsibility of the applicant to advise the Planning Division and / or Building Division of any additional changes to the approved site plan.

Signature of Applicant: [Signature] Date: 7/30/20

Office Use Only

Application # PAA20-0086 Date Received: 8/10/2020 Fee: \$100.00
Date of Approval: 8/24/2020 Date of Denial: N/A Reviewed By: [Signature]

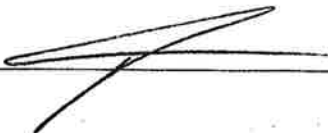
CONSENT OF PROPERTY OWNER

I, Aaron Weitzman, OF THE STATE OF Michigan AND
(Name of Property Owner)
COUNTY OF Oakland STATE THE FOLLOWING:

1. That I am the owner of real estate located at 152 N Old Woodward;
(Address of Affected Property)
2. That I have read and examined the Application for Administrative Approval made to the City of
Birmingham by: Signarama;
(Name of Applicant)
3. That I have no objections to, and consent to the request(s) described in the Application made to the City of
Birmingham.

By providing your e-mail to the City, you agree to receive news notifications from the City. If you do not wish to receive these messages, you may unsubscribe at any time.

Name of Owner (Printed): W & W Michigan Investments / Aaron Weitzman

Signature of Owner:  Date: 7/29/20

CONSENT OF PROPERTY OWNER

I, Aaron Weitzman, OF THE STATE OF Michigan AND
(Name of Property Owner)
COUNTY OF Oakland STATE THE FOLLOWING:

1. That I am the owner of real estate located at 152 N Old Woodward;
(Address of Affected Property)
2. That I have read and examined the Application for Administrative Approval made to the City of
Birmingham by: Signarama;
(Name of Applicant)
3. That I have no objections to, and consent to the request(s) described in the Application made to the City of
Birmingham.

By providing your e-mail to the City, you agree to receive news notifications from the City. If you do not wish to receive these messages, you may unsubscribe at any time.

Name of Owner (Printed): W & W Michigan Investments / Aaron Weitzman

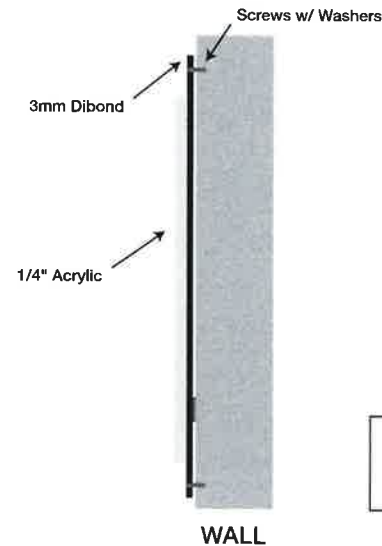
Signature of Owner: _____

Date: 7/29/20



108"

242"



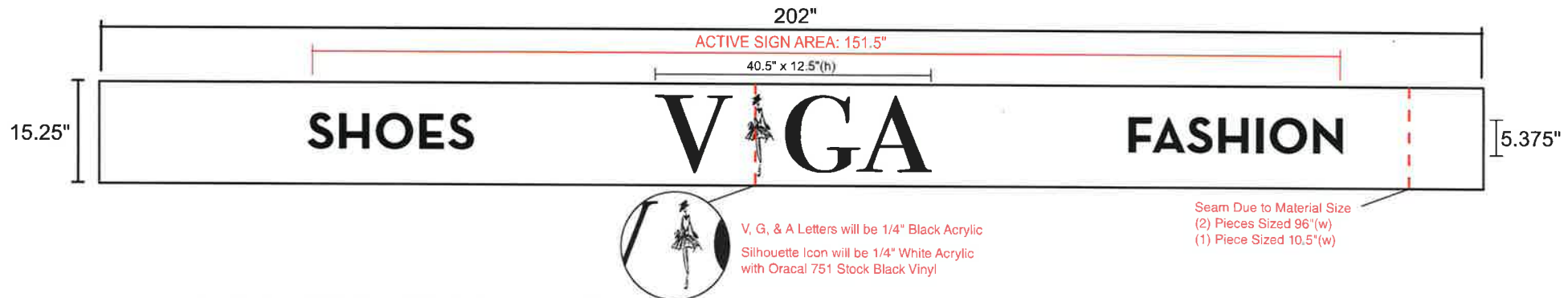
APPROVED
8/24/2020
PAA-20-0086

ACTIVE TEXT AREA

15.25" x 151.5"

16 SF

WALL



AN ARTIST REPRESENTATION - Image is for illustration purposes only. Objects in reality may be larger or smaller than depicted.

DETAIL

3mm Dibond Non-Lit Dibond Wall Sign

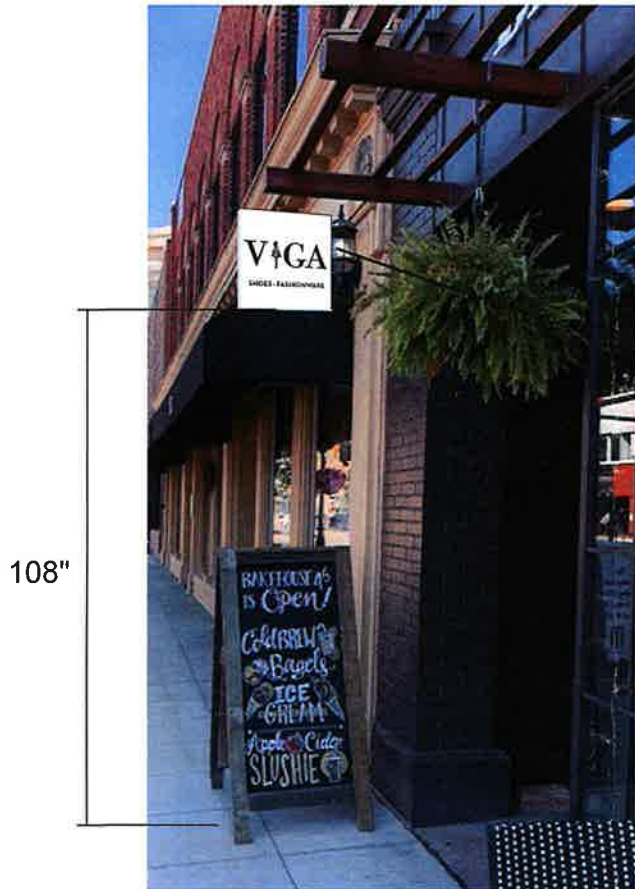
- VIGA to be 1/4" Black Acrylic, Silhouette to be 1/4" White Acrylic with Oracal, 751 Stock Black Vinyl
- Other Text to be Oracal 751, Stock Black Vinyl

SALES: Renee W | renee@michigansignshops.com

DRAWING: Marissa D.

CREATED: 07/10/2020

REVISED: 08/18/2020



SIGN TO BE INSTALLED
NEXT TO LAMP



AN ARTIST REPRESENTATION - Image is for illustration purposes only. Objects in reality may be larger or smaller than depicted.

DETAIL

Installation of Existing, Non-Lit Blade Mount Sign

SIGN SIZING DETAILS ON FOLLOWING PAGE

SALES: Renee W | renee@michigansignshops.com

DRAWING: Marissa D.

CREATED: 07/10/2020

REVISED:

FRONT VIEW:



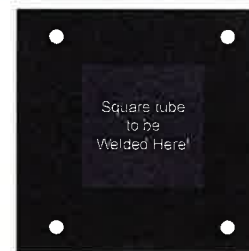
SIDE VIEW:



BACK VIEW:



MOUNTING DETAIL:



- 1/8" Aluminum Plate, 4"x4" with (4) Holes
- Aluminum Square Tube Welded to Plate
- Each Aluminum Plate will have (4) Holes, Mounted to Wall Using (4) 3/8" Lag Bolts with Shields

AN ARTIST REPRESENTATION - Image is for illustration purposes only. Objects in reality may be larger or smaller than depicted.

DETAIL

Installation of Existing, Non-Lit Blade Mount Sign

SALES: Renee W | renee@michigansignshops.com

DRAWING: Marissa D.

CREATED: 07/10/2020

REVISED:

Applicant's signature

Print name:



Receipt # (paid online)
545334
9/10/2020

Administrative Sign Approval Application Planning Division

Form will not be processed until it is completely filled out.

APPROVED
9/10/2020

PAA 20-0083

1. Applicant

Name: I SIGNS + DESIGNS
Address: 11391 E. 8 MILE RD
WARREN, MI 48089
Phone Number: (586) 759-5766
Fax Number: (586) 759-5784
Email Address: MARKO1SIGNSMICH.COM

2. Property Owner

Name: LUCIANO DEL GIBNORE
Address: 310 E. MAPLE RD
Phone Number: (248) 940-0000
Fax Number: _____
Email Address: _____

3. Applicant's Attorney/Contact Person

Name: _____
Address: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

4. Project Designer/Developer

Name: KYLE EVANS DESIGN
Address: _____
Phone Number: (774) 276-1170
Fax Number: _____
Email Address: MAHARU@KYLEEVANSDESIGN.COM

5. Project Information

Address/Location of Property: 310 E. MAPLE
Name of Development: CASA PERNOI
Parcel ID#: _____
Current Use: RESTAURANT
Area in Acres: _____
Current Zoning: _____

Name of Historic District if any: _____
Date of HDC Approval, if any: _____
Date of Application for Preliminary Site Plan: _____
Date of Preliminary Site Plan Approval: _____
Date of Application for Final Site Plan: _____
Date of Final Site Plan Approval: _____
Date of Revised Final Site Plan Approval: _____

6. Required Attachments

- Two (2) folded paper copies of plans including details of the following:
 - Dimensions of proposed sign(s)
 - Dimensions of building frontage
 - Illumination
 - Height from grade

- Location of proposed sign(s)
- Colors and materials
- Authorization from Property Owner(s) (if applicant is not the owner)
- Material Samples
- Digital Copy of Plans

7. Details of the Request for Administrative Approval

ADDITION OF CASA SIGN
ASIDE OF THE EXISTING
PERNOI WALL SIGN (5.5 SQ. FT)

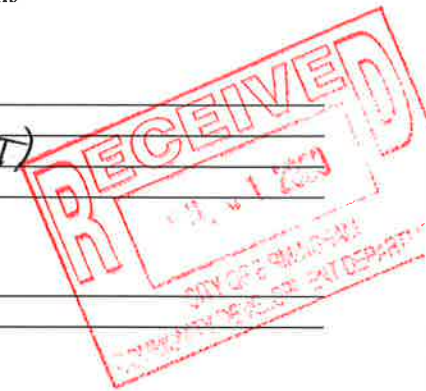
8. Location of Proposed Sign(s)

FRONT WALL

9. Type of Proposed Sign(s)

Wall: _____
Ground: _____
Name Letter: _____
Canopy: _____

Projecting (Post-Mounted): _____
Projecting (Wall-Mounted): _____
Building Identification: _____
Other: _____



10. Size of Proposed Sign

Width: 33"
Depth: 1/4"
Height of Lettering: 1"
Ground: _____

Overall Height: 33"
Extension from Wall: 2.5"
Total Square Feet: 5.5 SQ. FT

11. Existing Signs Currently on Property

Number: ①
Square Feet per Sign: 16.833

Sign Type(s): ALUMINUM LETTERS
Total Square Feet: 22.333 SQ. FT TOTAL
ON CASA PERNOI

12. Materials/Style of Proposed Sign(s)

Metal: ALUMINUM
Plastic: _____
Wood: _____
Glass: _____

Other: _____
Color #1: BURGANDY RED
Color #2: _____
Additional Colors: _____

13. Content of Proposed Sign(s)

Weight of Lettering: 1"
Ground: CASA

14. Proposed Sign Lighting

Type of Lighting: N/A
Size of Fixtures (LxWxH): _____
Maximum Wattage per Fixture: _____
Proposed Wattage per Fixture: _____

Location: _____
Number of Lights Proposed: _____
Height from Grade: _____
Lighting Style: _____

15. Landscaping (Ground Signs Only)

Location of Landscape Areas: _____

Proposed Landscape Material: _____

The undersigned states the above information is true and correct, and understands that it is the responsibility of the applicant to advise the Planning Division and / or Building Division of any additional changes to the approved site plan.

Signature of Applicant: [Signature]

Date: 06-12-2020

Office Use Only

Application #: PAAD0 - 0083

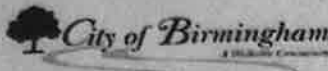
Date Received: 7/1/2020

Fee: \$100.00

Date of Approval: 9/10/2020

Date of Denial: N/A

Reviewed By: [Signature]



CONSENT OF PROPERTY OWNER

I, Fuller Central Park Properties, OF THE STATE OF Michigan AND
(Name of Property Owner)

COUNTY OF Oakland STATE THE FOLLOWING:

1. That I am the owner of real estate located at 310 E. Maple, Birmingham;
(Address of Affected Property)
2. That I have read and examined the Application for Administrative Approval made to the City of
Birmingham by: Casa Pernoi;
(Name of Applicant)
3. That I have no objections to, and consent to the request(s) described in the Application made to the City of
Birmingham.

By providing your e-mail to the City, you agree to receive news notifications from the City. If you do not wish to receive these messages, you may unsubscribe at any time.

Name of Owner (Printed): Edward A. Fuller

Signature of Owner: E Fuller Date: 8-13-20



CONSENT OF PROPERTY OWNER

I, LUCIANO DEL SIGNORE, OF THE STATE OF MICHIGAN AND
(Name of Property Owner)

COUNTY OF OAKLAND STATE THE FOLLOWING:

1. That I am the owner of real estate located at 310 E. MAPLE RD.;
(Address of Affected Property)

2. That I have read and examined the Application for Administrative Approval made to the City of

Birmingham by: ISIGNS + DESIGNS;
(Name of Applicant)

3. That I have no objections to, and consent to the request(s) described in the Application made to the City of
Birmingham.

By providing your e-mail to the City, you agree to receive news notifications from the City. If you do not wish to receive these messages, you may unsubscribe at any time.

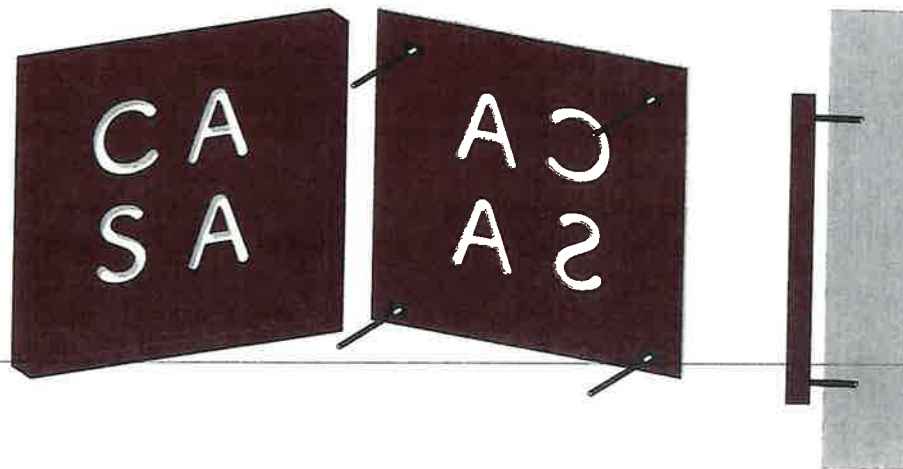
Name of Owner (Printed): LUCIANO DELSIGNORE

Signature of Owner: [Signature] Date: 06-12-2020



pernoi

1/4 In Engraved Aluminum
2.5 In Side Thick Pin Mounted



APPROVED
9/10/2020
CAA-26-0013

ACCEPTANCE OF ARTWORK The drawing above is an artistic interpretation ONLY; elements may vary based on field measurements. This color proof is intended for verification of spelling, layout, color and composition. (PLEASE HELP AVOID UNNECESSARY COSTS BY CHECKING THIS PROOF VERY CAREFULLY) Signature constitutes authorization to proceed with specifications and conditions of this document as specific. All artwork and designs are property of New Generation Signs (signs) and may not be used without the expressed written permission of New Generation Signs.

Approval 586-759-5706

Matthew Lisk, Kyle Evans Design

Date

06/16/20

measurements.
NGS COSTS
New Generation Signs
signs

Ph 586-759-5706 Fax 586-759-5724
11391 E 8 mile rd warren , michigan 48089

APPROVED
9/10/2020
PAA-20-0093



City of Birmingham
I B U I L D L I F E

CITY OF BIRMINGHAM
Date 09/10/2020 9:38:51 AM
Ref 00172496
Receipt 545337
Amount \$100.00

Administrative Approval Application Planning Division

Form will not be processed until it is completely filled out.

1. Applicant

Name: FRAS ZAMWE
Address: 143 Old Woodward Ave
Birmingham, MI 48209
Phone Number: 313 721 6347
Fax Number: 313 668 6426
Email Address: karenjdesserts@gmail.com

2. Property Owner

Name: Slater Management Corp
Address: _____
Phone Number: 248 269 9484
Fax Number: _____
Email Address: slatermgmt@yahoo.com

3. Applicant's Attorney/Contact Person

Name: _____
Address: N/A
Phone Number: _____
Fax Number: _____
Email Address: _____

4. Project Designer/Developer

Name: MA Designers, Inc
Address: 5710 RODE CIRCLE
DEARBORN HEIGHTS, MI. 48127
Phone Number: 313-995-1515
Fax Number: _____
Email Address: MADESIGN19@yahoo.com

5. Project Information

Address/Location of Property: 143 Old Woodward Ave
Birmingham, MI 48209
Name of Development: Karenj Desserts
Parcel ID#: _____
Current Use: _____
Area in Acres: _____
Current Zoning: _____

Name of Historic District if any: _____
Date of HDC Approval, if any: _____
Date of Application for Preliminary Site Plan: _____
Date of Preliminary Site Plan Approval: _____
Date of Application for Final Site Plan: _____
Date of Final Site Plan Approval: _____
Date of Revised Final Site Plan Approval: _____

6. Required Attachments

- Warranty Deed with legal description of property
- Authorization from Owner(s) (if applicant is not owner)
- Completed Checklist
- Material Samples
- Specification sheets for all proposed materials, fixtures, and/or mechanical equipment
- One (1) digital copy of plans
- Two (2) folded copies of plans including an itemized list of all changes for which administrative approval is requested, with the changes marked in color on all elevations
- Photographs of existing conditions on the site where changes are proposed

7. Details of the Request for Administrative Approval

FRONT FACADE DESIGN ONTO EXISTING BUILDING

The undersigned states the above information is true and correct, and understands that it is the responsibility of the applicant to advise the Planning Division and/or Building Division of any additional changes to the approved site plan.

Signature of Applicant: _____

Date: _____

Application #: PAA-20-0093

Date Received: 8/28/2020

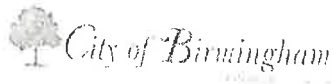
Fee: \$100.00

Date of Approval: 9/10/2020

Date of Denial: N/A

Reviewed By: _____





CONSENT OF PROPERTY OWNER

I, Birmingham Riverside, LLC OF THE STATE OF MICHIGAN AND
(Name of Property Owner)
COUNTY OF Oakland STATE THE FOLLOWING:

1. That I am the owner of real estate located at 183 N. Old Woodward
(Address of Affected Property)
2. That I have read and examined the Application for Administrative Approval made to the City of
Birmingham by: Firas Zahwe
(Name of Applicant)
3. That I have no objections to, and consent to the request(s) described in the Application made to the City of
Birmingham.

By providing your e-mail to the City, you agree to receive news notifications from the City. If you do not wish to receive these messages, you may unsubscribe at any time.

Managing Member
Name of Owner (Printed): Richard M. Slater

Signature of Owner: [Signature] Date: 8-19-2020
Managing Member



Table of Performance Values¹

| Table of Performance Values ¹ | | | | | | | | | | | | | |
|--|------|----------------------------|-----------|----------------------|--------------------------|----------------------|---------------------------------|-----------------|------------------|----------------------------------|--|--|------|
| Glass Thickness | | Transmittance ² | | | Reflectance ² | | U-Value ⁴ (Imperial) | | European U-Value | Shading Coefficient ⁵ | Solar Heat Gain Coefficient ⁶ | Light to Solar Gain (LSG) ⁴ | |
| Inches | mm | Ultra-violet % | Visible % | Total Solar Energy % | Visible Light % | Total Solar Energy % | Winter Night-time | Summer Day-time | | | | | |
| Uncoated | | | | | | | | | | | | | |
| STARPHIRE [®] Glass | | | | | | | | | | | | | |
| | 1/8 | 3 | 89 | 91 | 90 | 8 | 8 | 1.04 | 0.94 | 5.83 | 1.04 | 0.91 | 1.00 |
| | 3/16 | 5 | 88 | 91 | 90 | 8 | 8 | 1.03 | 0.93 | 5.78 | 1.04 | 0.90 | 1.01 |
| | 1/4 | 6 | 87 | 91 | 89 | 8 | 8 | 1.02 | 0.93 | 5.75 | 1.03 | 0.90 | 1.01 |
| | 5/16 | 8 | 86 | 91 | 88 | 8 | 8 | 1.01 | 0.91 | 5.68 | 1.02 | 0.89 | 1.02 |
| | 3/8 | 10 | 85 | 91 | 87 | 8 | 8 | 1.00 | 0.91 | 5.63 | 1.02 | 0.89 | 1.02 |
| | 1/2 | 12 | 83 | 90 | 86 | 8 | 8 | 0.98 | 0.89 | 5.53 | 1.01 | 0.88 | 1.03 |
| | 5/8 | 16 | 81 | 90 | 84 | 8 | 8 | 0.97 | 0.88 | 5.43 | 1.00 | 0.87 | 1.03 |
| | 3/4 | 19 | 80 | 90 | 83 | 8 | 7 | 0.95 | 0.86 | 5.34 | 0.99 | 0.86 | 1.04 |
| CLEAR Glass | | | | | | | | | | | | | |
| | 3/32 | 2.5 | 77 | 90 | 85 | 9 | 9 | 1.04 | 0.94 | 5.87 | 1.00 | 0.87 | 1.03 |
| | 1/8 | 3 | 73 | 90 | 83 | 9 | 8 | 1.04 | 0.94 | 5.83 | 0.98 | 0.85 | 1.06 |
| | 5/32 | 4 | 71 | 90 | 81 | 9 | 8 | 1.04 | 0.93 | 5.81 | 0.97 | 0.84 | 1.07 |
| | 3/16 | 5 | 69 | 89 | 79 | 9 | 7 | 1.03 | 0.93 | 5.78 | 0.96 | 0.83 | 1.08 |
| | 1/4 | 6 | 66 | 89 | 77 | 9 | 7 | 1.03 | 0.93 | 5.75 | 0.94 | 0.81 | 1.10 |
| | 5/16 | 8 | 61 | 88 | 72 | 8 | 7 | 1.01 | 0.91 | 5.68 | 0.90 | 0.77 | 1.14 |
| | 3/8 | 10 | 58 | 87 | 69 | 8 | 7 | 1.00 | 0.91 | 5.63 | 0.88 | 0.76 | 1.15 |
| | 1/2 | 12 | 53 | 85 | 64 | 8 | 6 | 0.98 | 0.89 | 5.53 | 0.84 | 0.72 | 1.18 |
| | 5/8 | 16 | 48 | 84 | 59 | 8 | 6 | 0.97 | 0.87 | 5.43 | 0.80 | 0.69 | 1.22 |
| | 3/4 | 19 | 45 | 82 | 55 | 8 | 6 | 0.95 | 0.86 | 5.34 | 0.77 | 0.67 | 1.22 |
| OPTIBLUE [™] Glass | | | | | | | | | | | | | |
| | 1/4 | 6 | 44 | 64 | 64 | 6 | 6 | 1.02 | 0.93 | 5.75 | 0.84 | 0.72 | 0.89 |
| SOLEXIA [™] Glass | | | | | | | | | | | | | |
| | 1/8 | 3 | 43 | 83 | 60 | 8 | 6 | 1.04 | 0.94 | 5.83 | 0.81 | 0.70 | 1.19 |
| | 5/32 | 4 | 39 | 81 | 56 | 8 | 6 | 1.04 | 0.93 | 5.81 | 0.78 | 0.67 | 1.21 |
| | 3/16 | 5 | 35 | 79 | 52 | 8 | 6 | 1.03 | 0.93 | 5.78 | 0.75 | 0.65 | 1.22 |
| | 1/4 | 6 | 31 | 77 | 47 | 8 | 6 | 1.02 | 0.93 | 5.75 | 0.71 | 0.61 | 1.26 |
| ATLANTICA [™] Glass | | | | | | | | | | | | | |
| | 1/8 | 3 | 28 | 77 | 48 | 8 | 6 | 1.04 | 0.94 | 5.83 | 0.72 | 0.62 | 1.24 |
| | 5/32 | 4 | 24 | 74 | 44 | 7 | 5 | 1.04 | 0.93 | 5.81 | 0.68 | 0.56 | 1.25 |
| | 3/16 | 5 | 20 | 71 | 39 | 7 | 5 | 1.03 | 0.93 | 5.78 | 0.65 | 0.56 | 1.27 |
| | 1/4 | 6 | 16 | 67 | 34 | 7 | 5 | 1.02 | 0.93 | 5.75 | 0.61 | 0.52 | 1.28 |
| CARIBIA [®] Glass | | | | | | | | | | | | | |
| | 1/8 | 3 | 36 | 77 | 46 | 7 | 6 | 1.04 | 0.94 | 5.83 | 0.70 | 0.60 | 1.28 |
| | 3/16 | 5 | 28 | 71 | 37 | 7 | 5 | 1.03 | 0.93 | 5.78 | 0.63 | 0.54 | 1.31 |
| | 1/4 | 6 | 24 | 68 | 32 | 7 | 5 | 1.02 | 0.93 | 5.75 | 0.60 | 0.52 | 1.32 |
| AZURIA [™] Glass | | | | | | | | | | | | | |
| | 1/8 | 3 | 53 | 77 | 45 | 7 | 6 | 1.04 | 0.94 | 5.83 | 0.69 | 0.59 | 1.30 |
| | 5/32 | 4 | 50 | 75 | 40 | 7 | 5 | 1.04 | 0.93 | 5.81 | 0.66 | 0.56 | 1.34 |
| | 3/16 | 5 | 46 | 72 | 36 | 7 | 5 | 1.03 | 0.93 | 5.78 | 0.62 | 0.53 | 1.35 |
| | 1/4 | 6 | 42 | 68 | 32 | 7 | 5 | 1.02 | 0.93 | 5.75 | 0.59 | 0.51 | 1.34 |
| | 5/16 | 8 | 35 | 61 | 26 | 6 | 5 | 1.01 | 0.91 | 5.68 | 0.55 | 0.47 | 1.29 |
| | 3/8 | 10 | 31 | 57 | 23 | 6 | 5 | 1.00 | 0.91 | 5.63 | 0.53 | 0.46 | 1.25 |
| SOLARBRONZE [®] Glass | | | | | | | | | | | | | |
| | 1/8 | 3 | 39 | 67 | 64 | 7 | 6 | 1.04 | 0.94 | 5.83 | 0.88 | 0.76 | 0.88 |
| | 5/32 | 4 | 35 | 63 | 60 | 7 | 6 | 1.04 | 0.93 | 5.81 | 0.81 | 0.70 | 0.90 |
| | 3/16 | 5 | 30 | 58 | 55 | 6 | 6 | 1.03 | 0.93 | 5.78 | 0.77 | 0.66 | 0.88 |
| | 1/4 | 6 | 26 | 53 | 50 | 6 | 6 | 1.02 | 0.93 | 5.75 | 0.73 | 0.63 | 0.84 |
| | 5/16 | 8 | 18 | 43 | 39 | 6 | 5 | 1.01 | 0.91 | 5.68 | 0.65 | 0.56 | 0.77 |
| | 3/8 | 10 | 14 | 37 | 34 | 5 | 5 | 1.00 | 0.91 | 5.63 | 0.61 | 0.52 | 0.71 |
| | 1/2 | 12 | 9 | 27 | 24 | 5 | 5 | 0.98 | 0.89 | 5.53 | 0.54 | 0.46 | 0.58 |
| SOLARGRAY [®] Glass | | | | | | | | | | | | | |
| | 1/8 | 3 | 37 | 60 | 58 | 6 | 6 | 1.04 | 0.94 | 5.83 | 0.79 | 0.68 | 0.88 |
| | 5/32 | 4 | 33 | 56 | 53 | 6 | 6 | 1.04 | 0.93 | 5.81 | 0.75 | 0.65 | 0.87 |
| | 3/16 | 5 | 29 | 50 | 48 | 6 | 5 | 1.03 | 0.93 | 5.78 | 0.71 | 0.61 | 0.82 |
| | 1/4 | 6 | 24 | 44 | 42 | 6 | 5 | 1.02 | 0.93 | 5.75 | 0.67 | 0.58 | 0.76 |
| | 5/16 | 8 | 17 | 33 | 31 | 5 | 5 | 1.01 | 0.91 | 5.68 | 0.59 | 0.51 | 0.65 |
| | 3/8 | 10 | 13 | 28 | 26 | 5 | 5 | 1.00 | 0.91 | 5.63 | 0.55 | 0.47 | 0.59 |
| | 1/2 | 12 | 8 | 18 | 17 | 5 | 5 | 0.98 | 0.89 | 5.53 | 0.49 | 0.42 | 0.43 |
| OPTIGRAY [®] 23 Glass | | | | | | | | | | | | | |
| | 1/8 | 3 | 18 | 41 | 36 | 6 | 5 | 1.04 | 0.94 | 5.83 | 0.67 | 0.58 | 0.71 |
| | 1/4 | 6 | 8 | 23 | 19 | 5 | 5 | 1.02 | 0.93 | 5.75 | 0.50 | 0.43 | 0.53 |
| GRAYLITE [®] Glass | | | | | | | | | | | | | |
| | 1/8 | 3 | 17 | 30 | 43 | 5 | 5 | 1.04 | 0.94 | 5.83 | 0.68 | 0.58 | 0.52 |
| | 1/4 | 6 | 7 | 14 | 26 | 5 | 5 | 1.02 | 0.93 | 5.75 | 0.55 | 0.47 | 0.30 |

PPG Monolithic Glass Comparisons*

| Table of Performance Values ¹ | | | | | | | | | | | | | |
|--|----|----------------------------|-----------|----------------------|--------------------------|----------------------|---------------------------------|-----------------|-------------------------------|----------------------------------|--|--|--|
| Glass Thickness | | Transmittance ² | | | Reflectance ² | | U-Value ⁴ (Imperial) | | European U-Value ⁵ | Shading Coefficient ⁶ | Solar Heat Gain Coefficient ⁷ | Light to Solar Gain (LSG) ⁸ | |
| Inches | mm | Ultra-violet % | Visible % | Total Solar Energy % | Visible Light % | Total Solar Energy % | Winter Night-time | Summer Day-time | | | | | |
| Coated | | | | | | | | | | | | | |
| VISTACOOL™ (2) AZURIA™ Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 35 | 52 | 26 | 19 | 10 | 1.02 | 0.92 | 5.73 | 0.52 | 0.45 | 1.16 | |
| 5/16 | 8 | 29 | 47 | 20 | 16 | 9 | 1.01 | 0.91 | 5.66 | 0.49 | 0.42 | 1.10 | |
| VISTACOOL™ (2) CARIBIA® Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 20 | 52 | 26 | 19 | 9 | 1.02 | 0.92 | 5.73 | 0.53 | 0.45 | 1.15 | |
| 5/16 | 8 | 14 | 46 | 20 | 16 | 8 | 1.01 | 0.91 | 5.66 | 0.49 | 0.42 | 1.09 | |
| VISTACOOL™ (2) SOLARGRAY® Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 20 | 34 | 35 | 11 | 8 | 1.02 | 0.92 | 5.73 | 0.60 | 0.52 | 0.65 | |
| 5/16 | 8 | 14 | 26 | 26 | 8 | 7 | 1.01 | 0.91 | 5.66 | 0.54 | 0.46 | 0.55 | |
| SOLARCOOL® (1) SOLEXIA™ Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 9 | 30 | 23 | 37 | 30 | 1.03 | 0.93 | 5.75 | 0.43 | 0.37 | 0.80 | |
| SOLARCOOL® (2) SOLEXIA™ Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 9 | 30 | 23 | 23 | 12 | 1.03 | 0.93 | 5.78 | 0.50 | 0.43 | 0.69 | |
| SOLARCOOL® (1) CARIBIA® Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 7 | 26 | 14 | 36 | 30 | 1.03 | 0.93 | 5.75 | 0.36 | 0.31 | 0.83 | |
| SOLARCOOL® (2) CARIBIA® Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 7 | 26 | 14 | 19 | 9 | 1.03 | 0.93 | 5.78 | 0.44 | 0.38 | 0.68 | |
| SOLARCOOL® (1) AZURIA™ Glass | | | | | | | | | | | | | |
| 3/16 | 5 | 13 | 27 | 16 | 36 | 30 | 1.03 | 0.93 | 5.78 | 0.37 | 0.32 | 0.85 | |
| 1/4 | 6 | 12 | 26 | 14 | 36 | 30 | 1.03 | 0.93 | 5.75 | 0.36 | 0.30 | 0.86 | |
| SOLARCOOL® (2) AZURIA™ Glass | | | | | | | | | | | | | |
| 3/16 | 5 | 13 | 27 | 16 | 36 | 10 | 1.04 | 0.94 | 5.81 | 0.45 | 0.38 | 0.72 | |
| 1/4 | 6 | 12 | 26 | 14 | 19 | 10 | 1.03 | 0.93 | 5.78 | 0.44 | 0.37 | 0.70 | |
| SOLARCOOL® (1) Bronze Glass | | | | | | | | | | | | | |
| 5/32 | 4 | 10 | 24 | 33 | 36 | 30 | 1.04 | 0.93 | 5.81 | 0.51 | 0.44 | 0.55 | |
| 1/4 | 6 | 7 | 21 | 27 | 36 | 30 | 1.03 | 0.93 | 5.75 | 0.46 | 0.40 | 0.52 | |
| SOLARCOOL® (2) Bronze Glass | | | | | | | | | | | | | |
| 5/32 | 4 | 10 | 24 | 33 | 17 | 14 | 1.04 | 0.94 | 5.84 | 0.57 | 0.49 | 0.50 | |
| 1/4 | 6 | 7 | 21 | 27 | 13 | 11 | 1.03 | 0.93 | 5.78 | 0.53 | 0.46 | 0.45 | |
| SOLARCOOL® (1) Gray Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 7 | 17 | 23 | 36 | 30 | 1.03 | 0.93 | 5.75 | 0.43 | 0.37 | 0.46 | |
| SOLARCOOL® (2) Gray Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 7 | 17 | 23 | 11 | 9 | 1.03 | 0.93 | 5.78 | 0.51 | 0.43 | 0.40 | |
| SOLARCOOL® (1) GRAYLITE® Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 2 | 5 | 16 | 36 | 30 | 1.03 | 0.93 | 5.75 | 0.37 | 0.32 | 0.17 | |
| SOLARCOOL® (2) GRAYLITE® Glass | | | | | | | | | | | | | |
| 1/4 | 6 | 2 | 5 | 16 | 5 | 6 | 1.03 | 0.93 | 5.78 | 0.46 | 0.40 | 0.13 | |

* Performance data is based on representative samples of factory production. Actual values may vary slightly due to variations in the production process.

- Figures may vary due to manufacturing tolerances. All tabulated data is based on NFRC methodology using the LBNL's Window 5.2 software.
- Transmittance and reflectance values based on spectrophotometric measurements and energy distribution of solar radiation.
- Solar infrared transmittance between 800 and 2150 nm (Parry Moon AM 2 irradiance).
- U-value is the overall coefficient of heat transmittance or heat flow measured in BTU/hr. • ft² • °F. Lower U-values indicate better insulating performance. Winter nighttime U-values are calculated using an outdoor air temperature of 0°F (-17.8°C), indoor air temperature of 70°F (21°C), outdoor air velocity of 15 mph (6.7 m/s), indoor air velocity of 0 mph (0 m/s) and a solar intensity of 0 BTU/hour/square foot (0 w/m²). Summer daytime U-values are calculated using an outdoor air temperature of 89°F (32°C), indoor air temperature of 75°F (24°C), outdoor air velocity of 7.5 mph (3.4 m/s), indoor air velocity of 0 mph (0 m/s), and a solar intensity of 248 BTU/hour/square foot (783 w/m²).
- European U-Value is the overall coefficient of heat transmittance or heat flow measured in Watts/m² • °C, and is calculated using WinDat WIS version 3.0.1 software.
- Shading Coefficient is the ratio of the total amount of solar energy that passes through a glass relative to 1/8-in. (3.0 mm) thick clear glass under the same design conditions. It includes both solar energy transmitted directly plus any absorbed solar energy re-radiated and converted. Lower shading coefficient values indicate better performance in reducing summer heat gain. Shading coefficients at outdoor air temperature of 89°F (32°C), outdoor air velocity of 7.5 mph (3.4 m/s), indoor air temperature of 75°F (24°C), indoor air velocity of 0 mph (0 m/s) and solar intensity of 248 BTU/hour/square foot (783 w/m²).
- Solar Heat Gain Coefficient (SHGC) represents the solar heat gain through the glass relative to the incident solar radiation. It is equal to 86% of the shading coefficient.
- Light to Solar Gain (LSG) ratio is the ratio of visible light transmittance to solar heat gain coefficient.

One-inch insulating glass data and comparisons can be found at www.ppgideascape.com or by calling the PPG Solutions Hotline at 1-888-774-4332.

For data on: Solargreen® Glass — see Atlantica™ Glass
Solex® Glass — see Solexia™ Glass
Azurite® Glass — see Azuria™ Glass

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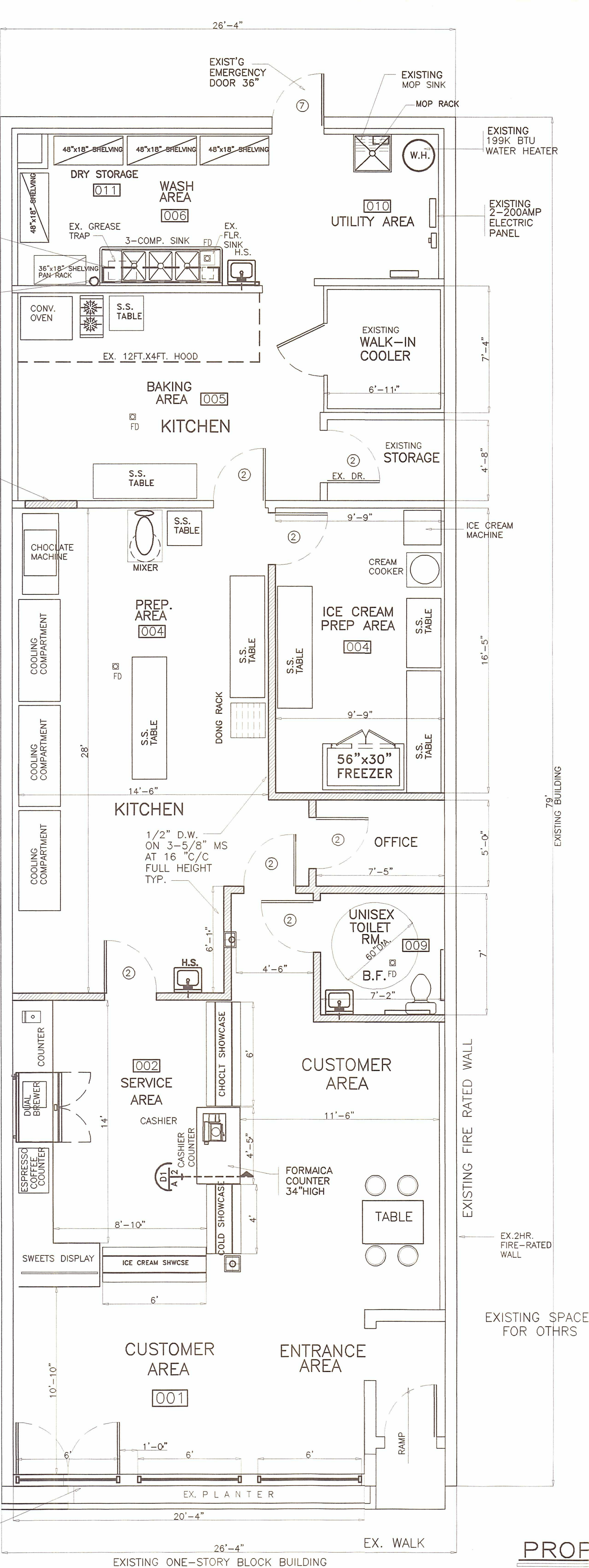
Printed in U.S.A.
7083 4/08 10M



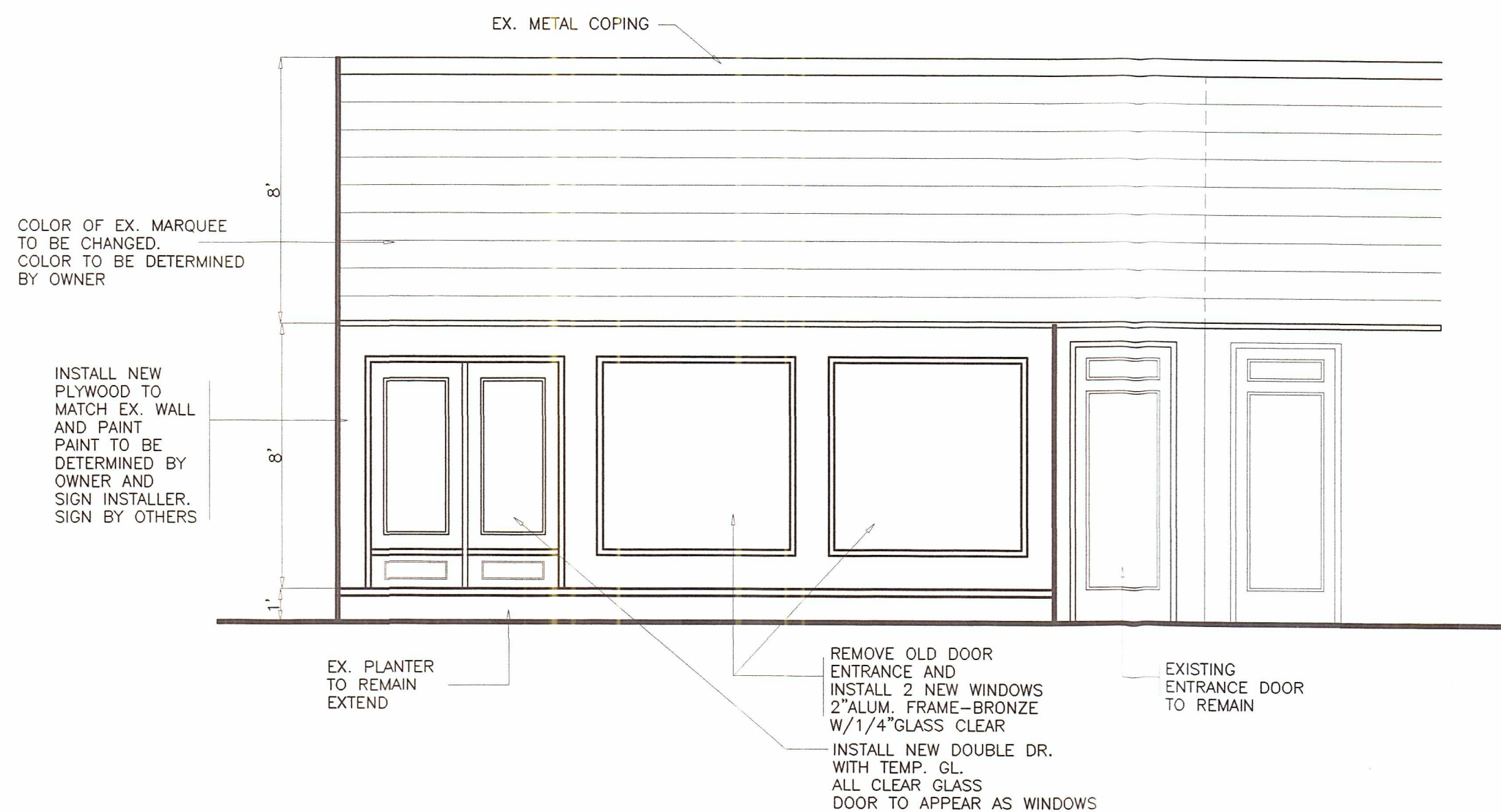
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175-C5

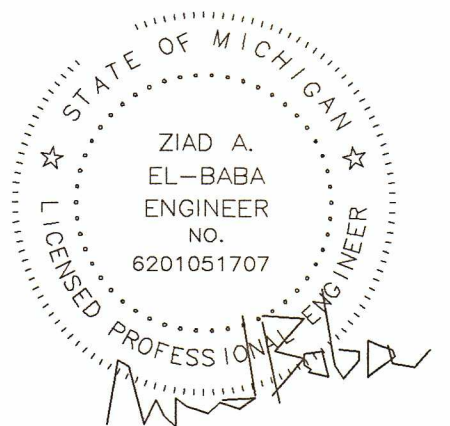
Secure Blue



PROPOSED FLOOR PLAN
SCALE: 1/4" = 1'-0"



PROPOSED FRONT ELEVATION
SCALE: 1/4" = 1'-0"



(313)995-1515
MADESIGN19@YAHOO.COM

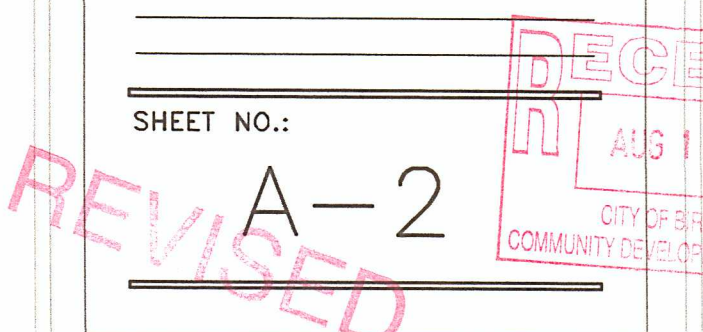
PROJECT NO.: 011020
FILE NAME: WOODWRD-PASTRY-A1

PROJECT NAME:
PROPOSED NEW SWEET SHOP REMODELING
INSIDE EXISTING BUILDING
183 OLD WOODWARD AVE., BIRMINGHAM, MICHIGAN
OWNER:
NEW SWEET SHOP
183 OLD WOODWARD AVE.
BIRMINGHAM, MICHIGAN

DRAWN BY: A.R.
CHECKED BY: A.R.
DATE PLOTTED: 1-10-2020
DATE SUBMITTED: 1-10-2020

REVISIONS:
3-9-2020 F
7-16-2020 F

SHEET NO.: A-2



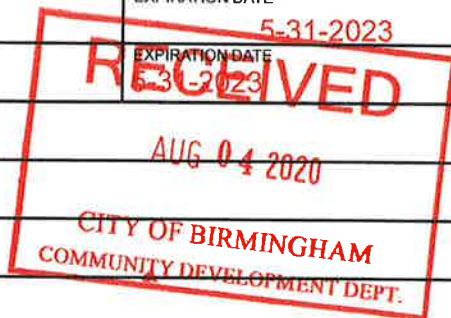
CITY OF BIRMINGHAM
Community Development - Building Department
151 Martin Street, Birmingham, MI 48009
Community Development: 248-530-1850
AMG Inspection Request Site: <https://www.accessmygov.com>
Fax: 248-530-1290 / www.bhamgov.org

Permit # 1920-0076

Project # JD SFD-0013

APPLICATION FOR DEMOLITION PERMIT

| I. Project Type / Location | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> HOUSE AND ATTACHED GARAGE <input type="checkbox"/> HOUSE AND DETACHED GARAGE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> COMMERCIAL BUILDING <input type="checkbox"/> EXTERIOR <input type="checkbox"/> INTERIOR NON-LOAD BEARING <input type="checkbox"/> SHED <input type="checkbox"/> OTHER _____ | | | |
| ADDRESS 1974 Hazel | | PROPERTY IDENTIFICATION NUMBER (SIDWELL NO.) | LOT NUMBER |
| II. Applicant / Project Contact Information | | | |
| A. Applicant | | | |
| NAME Bloomingdale Construction | | ADDRESS 602 W. University | |
| CITY Rochester | STATE MI | ZIP CODE 48307 | TELEPHONE NUMBER (Include Area Code) 248-651-6701 |
| CELL PHONE NUMBER (Include Area Code) 248-877-6773 | FAX NUMBER (Include Area Code) 248-608-6550 | EMAIL ADDRESS John@Bloomingdaleconstruction.com | |
| B. Owner or Lessee | | | |
| NAME Bloomingdale Homes & Property | | ADDRESS 602 W. University | |
| CITY Rochester | STATE MI | ZIP CODE 48307 | TELEPHONE NUMBER (Include Area Code) 248-651-6701 |
| CELL PHONE NUMBER (Include Area Code) 248-877-6773 | FAX NUMBER (Include Area Code) 248-608-6550 | EMAIL ADDRESS* John@Bloomingdaleconstruction.com | |
| C. Architect or Engineer | | | |
| NAME The Drawing Room | | ADDRESS | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |
| CELL PHONE NUMBER (Include Area Code) 586-306-0699 | FAX NUMBER (Include Area Code) | EMAIL ADDRESS steve@thedrawingroominc.com | |
| LICENSE NUMBER | | EXPIRATION DATE | |
| D. Contractor | | | |
| NAME Bloomingdale Construction | | ADDRESS 602 W. University | |
| CITY Rochester | STATE MI | ZIP CODE 48307 | TELEPHONE NUMBER (Include Area Code) 248-651-6701 |
| CELL PHONE NUMBER (Include Area Code) 248-877-6773 | FAX NUMBER (Include Area Code) 248-608-6550 | EMAIL ADDRESS John@Bloomingdaleconstruction.com | |
| INDIVIDUAL BUILDERS LICENSE NUMBER 2101142536 | | EXPIRATION DATE 5-31-2023 | |
| COMPANY BUILDERS LICENSE NUMBER 2102193770 | | EXPIRATION DATE 5-31-2023 | |
| FEDERAL EMPLOYER ID NUMBER (or reason for exemption) 261861067 | | | |
| WORKERS COMP INSURANCE CARRIER (or reason for exemption) Liberty Mutual | | | |
| UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption) n/a - we use a payroll service | | | |



III. Construction Documents Required

Complete sets of construction documents as specified below are required with each application for a permit, unless waived by the building official when code compliance can be determined based on the description in the application.

Construction Documents Required:

Commercial: 4 sets of plans; 3 original site plans/certified surveys.

IV. Project Description

Provide a description of buildings/structures to be demolished including their size in cubic feet.

Work Description: Ranch style home - 8,000CF

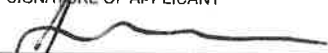
V. Signature

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

**BY PROVIDING YOUR EMAIL TO THE CITY, YOU AGREE TO RECEIVE NEWS AND NOTIFICATIONS FROM THE CITY. IF YOU DO NOT WISH TO RECEIVE THESE MESSAGES, YOU MAY UNSUBSCRIBE AT ANY TIME.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT



TYPE OR PRINT

John Bloomingdale

DATE

4-11-2020

SIGNATURE OF OWNER (Required)



TYPE OR PRINT

John Bloomingdale

DATE

4-11-2020

SIGNATURE OF OWNER'S AGENT (Permit holder)

TYPE OR PRINT

DATE

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work.

All demolition permit fees and bond monies are due at the time the application is submitted.

VI. Department Use Only

| FEE DESCRIPTION | AMOUNT | | TOTAL |
|-------------------------------|--------|-------------------------|-----------|
| DEMOLITION PERMIT FEE HOUSE | \$ | | |
| DEMOLITION PERMIT FEE GARAGE | \$ | | |
| DEMOLITION PERMIT BOND HOUSE | \$ | | |
| DEMOLITION PERMIT BOND GARAGE | \$ | | |
| COMMERCIAL PERMIT FEE | \$ | | |
| COMMERCIAL PERMIT BOND | \$ | | |
| | | TOTAL | \$ |
| CONTRACTOR REGISTRATION FEE | \$ | | \$ |
| | | PERMIT FEE TOTAL | \$ |

VII. Department Use Only

APPROVAL SIGNATURE

TITLE

President

DATE

4-11-2020

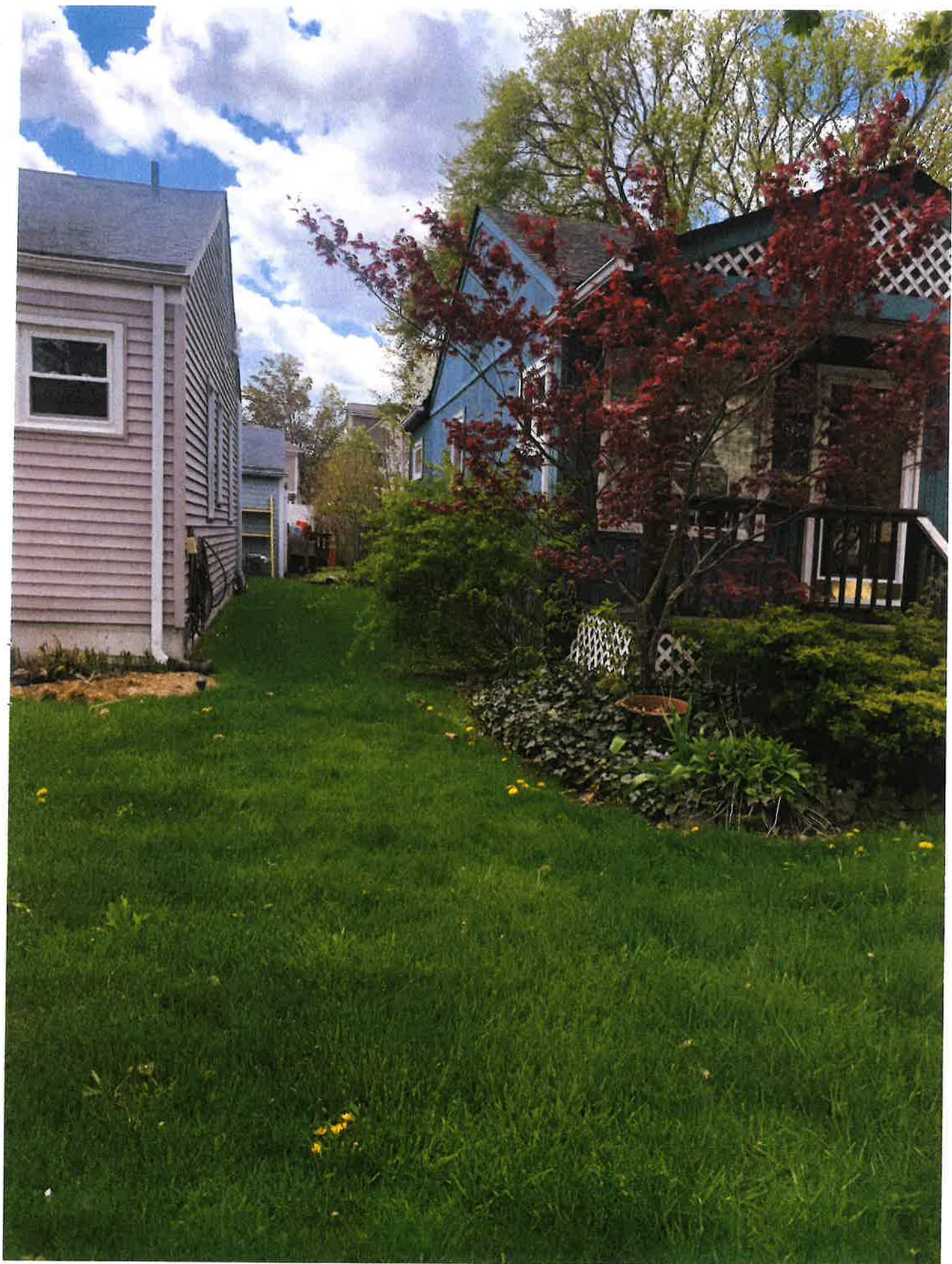


COMING SOON
NEW CONSTRUCTION

DOBI
REAL ESTATE

WeAreDOBI.com
2211 COLE ST. BIRMINGHAM, MI 48009

VIC SIMJANSKI
248.229.9118









CITY OF BIRMINGHAM
Community Development - Building Department
151 Martin Street, Birmingham, MI 48009
 Community Development: 248-530-1850
 AMG Inspection Request Site: <https://www.accessmygov.com>
 Fax: 248-530-1290 / www.bhamgov.org

CITY OF BIRMINGHAM
 Date 08/17/2020 3:35:36 PM
 Ref 00171801
 Receipt 540803
 Amount \$2,000.00

Permit # PD20-0049

Project # JDSE

APPLICATION FOR DEMOLITION PERMIT

20-0031

| | | | |
|---|--|---|--|
| I. Project Type / Location | | | |
| HOUSE <input checked="" type="checkbox"/> HOUSE AND ATTACHED GARAGE <input type="checkbox"/> HOUSE AND DETACHED GARAGE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> COMMERCIAL BUILDING <input type="checkbox"/> | | | |
| EXTERIOR <input type="checkbox"/> INTERIOR NON-LOAD BEARING <input type="checkbox"/> SHED <input type="checkbox"/> OTHER <input type="checkbox"/> | | | |
| ADDRESS 1168 Lyonhurst | | PROPERTY IDENTIFICATION NUMBER (SIDWELL NO.) 081926130006 | LOT NUMBER |
| II. Applicant / Project Contact Information | | | |
| A. Applicant | | | |
| NAME Hunter Roberts Homes | | ADDRESS 36800 Woodward Ave. Suite 115 | |
| CITY Bloomfield Hills | STATE Michigan | ZIP CODE 48304 | TELEPHONE NUMBER (Include Area Code) (248) 644-4910 |
| CELL PHONE NUMBER (Include Area Code) 248-766-2275 | FAX NUMBER (Include Area Code) 248-594-9797 | EMAIL ADDRESS karyn.hunterroberts@gmail.com rickw@hunterrobertshomes.com | |
| B. Owner or Lessee | | | |
| NAME Hunter Roberts Homes | | ADDRESS 36800 Woodward Suite 115 | |
| CITY Bloomfield Hills | STATE Michigan | ZIP CODE 48304 | TELEPHONE NUMBER (Include Area Code) 248-766-2275 |
| CELL PHONE NUMBER (Include Area Code) 248-766-2275 | FAX NUMBER (Include Area Code) | EMAIL ADDRESS* rickw@hunterrobertshomes.com | |
| C. Architect or Engineer | | | |
| NAME DJW Associates | | ADDRESS PO Box 7026 | |
| CITY Bloomfield Hills | STATE MI | ZIP CODE 48302 | TELEPHONE NUMBER (Include Area Code) 248-494-1544 |
| CELL PHONE NUMBER (Include Area Code) 248-494-1544 | FAX NUMBER (Include Area Code) | EMAIL ADDRESS djwhomedesigner@hotmail.com | |
| LICENSE NUMBER | | EXPIRATION DATE | |
| D. Contractor | | | |
| NAME Hunter Roberts Homes | | ADDRESS 36800 Woodward Ave Suite 115 | |
| CITY Bloomfield Hills | STATE MI | ZIP CODE 48302 | TELEPHONE NUMBER (Include Area Code) 248-766-2275 |
| CELL PHONE NUMBER (Include Area Code) 248-766-2275 | FAX NUMBER (Include Area Code) 248-594-9797 | EMAIL ADDRESS karyn.hunterroberts@gmail.com rickw@hunterrobertshomes.com | |
| INDIVIDUAL BUILDERS LICENSE NUMBER Richard Wland 2101142208 | | EXPIRATION DATE 5/31/22 | |
| COMPANY BUILDERS LICENSE NUMBER LMB Properties LLC 212212715 | | EXPIRATION DATE 5/31/22 | |
| FEDERAL EMPLOYER ID NUMBER (or reason for exemption) 30-0873674 | | | |
| WORKERS COMP INSURANCE CARRIER (or reason for exemption) Frankenmuth Insurance | | | |
| UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption) Frankenmuth Insurance | | | |

[Handwritten Signature] 8/17/20

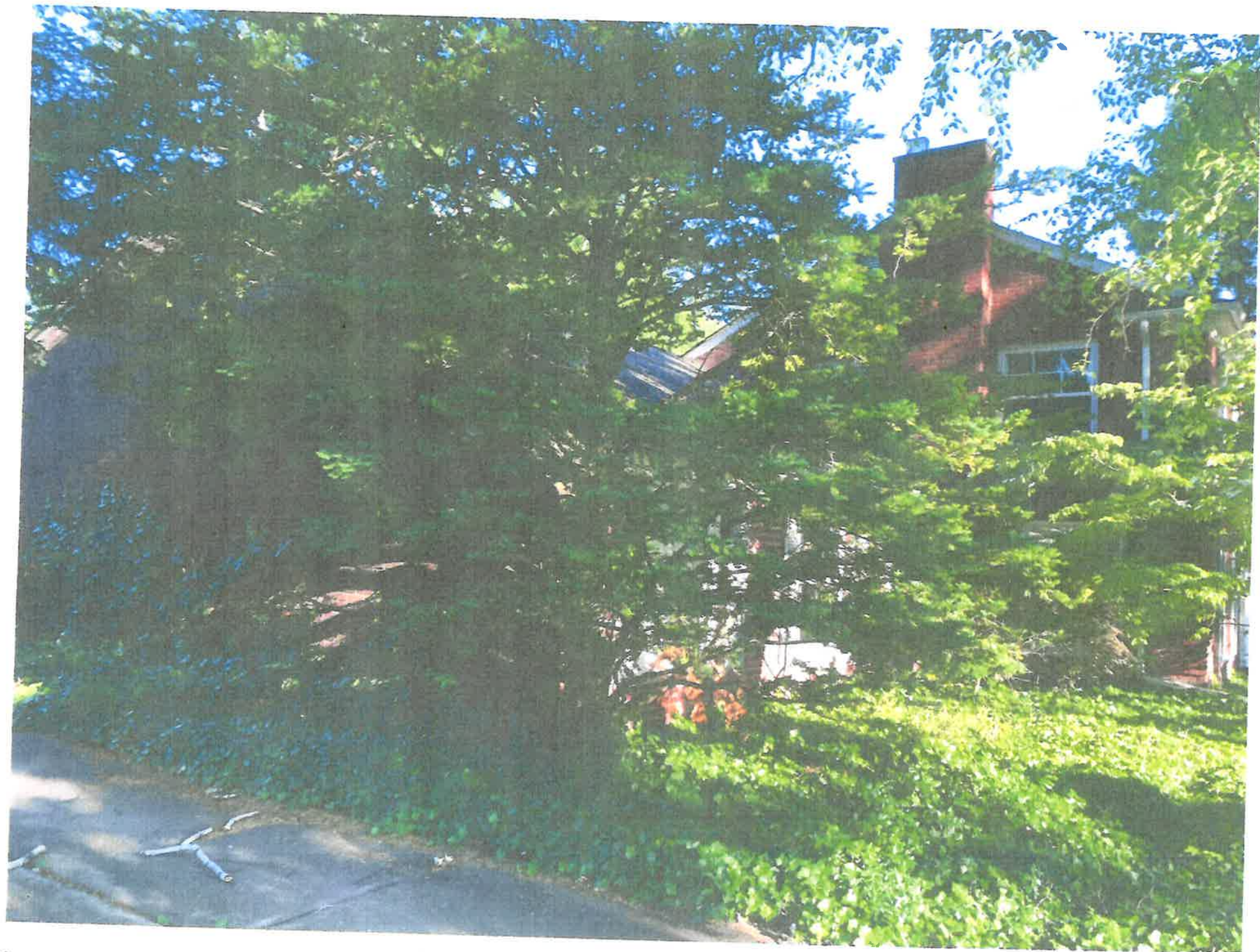
Amount \$200.00
 Receipt 540803
 Ref 00171800
 Date 08/17/2020 3:35:36 PM
 CITY OF BIRMINGHAM















DEMOLITION ONLINE Permit | PD20-0054**Property Information**

08-20-31-155-009

1292 COLE AVE

Subdivision:

BIRMINGHAM MI, 48009-7032

Lot:

Block:

Name Information

Owner: AMSON CUSTOM HOMES LLC

Phone: (248) 420 0805

Occupant:

Phone:

Applicant: AMSON CUSTOM HOMES LLC

Phone: (248) 420 0805

Contractor:

Phone:

Licensee:

Phone:

License Issued:

License Expires:

Permit Information

Date Issued:

Date Expires:

Status: HOLD (FEE)

Work Description:

Demolition of existing structure (7,910cuft) and demolition of a detached garage (3,750 cuft)

Stipulations:

Comment:

Fee Information

Building Permits

Demo - 3,000 to 5,000 cubic feet

2.00

*Online
Permit*







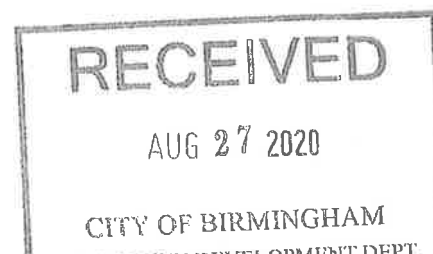
CITY OF BIRMINGHAM
Community Development - Building Department
151 Martin Street, Birmingham, MI 48009
Community Development: 248-530-1850
AMG Inspection Request Site: <https://www.accessmygov.com>
Fax: 248-530-1290 / www.bhamgov.org

Permit # _____

Project # _____

APPLICATION FOR DEMOLITION PERMIT

| | | | |
|---|--|--|--|
| I. Project Type / Location | | | |
| <input type="checkbox"/> HOUSE | | <input type="checkbox"/> HOUSE AND ATTACHED GARAGE | |
| <input type="checkbox"/> EXTERIOR | | <input type="checkbox"/> INTERIOR NON-LOAD BEARING | |
| <input checked="" type="checkbox"/> HOUSE AND DETACHED GARAGE | | <input type="checkbox"/> DETACHED GARAGE | |
| <input type="checkbox"/> SHED | | <input type="checkbox"/> OTHER _____ | |
| ADDRESS 512 Wallace St. | | PROPERTY IDENTIFICATION NUMBER (SIDWELL NO.) 08-19-36-156-020 | LOT NUMBER 26 |
| II. Applicant / Project Contact Information | | | |
| A. Applicant | | | |
| NAME David M. Foster | | ADDRESS 512 Wallace St. | |
| CITY Birmingham | STATE Mi | ZIP CODE 48009 | TELEPHONE NUMBER (Include Area Code) (248) 613-3092 |
| CELL PHONE NUMBER (Include Area Code) (248) 613-3092 | FAX NUMBER (Include Area Code) N/A | EMAIL ADDRESS Davidfosterlaw@aol.com | |
| B. Owner or Lessee | | | |
| NAME David M. Foster | | ADDRESS 512 Wallace St. | |
| CITY Birmingham | STATE Mi. | ZIP CODE 48009 | TELEPHONE NUMBER (Include Area Code) |
| CELL PHONE NUMBER (Include Area Code) (248) 613-3092 | FAX NUMBER (Include Area Code) N/A | EMAIL ADDRESS* Davidfosterlaw@aol.com | |
| C. Architect or Engineer | | | |
| NAME AZD Architects (Kevin Ackey) | | ADDRESS 665 Hulet Dr., Ste. 100 | |
| CITY Bloomfield Hills | STATE Mi | ZIP CODE 48302 | TELEPHONE NUMBER (Include Area Code) (248) 540-6009 |
| CELL PHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) (248) 540-2622 | EMAIL ADDRESS www.azdarch.com | |
| LICENSE NUMBER | | EXPIRATION DATE | |
| D. Contractor | | | |
| NAME LSB Homes, Inc | | ADDRESS 280 N. Old Woodward, Ste. 104 | |
| CITY Birmingham | STATE Mi | ZIP CODE 48009 | TELEPHONE NUMBER (Include Area Code) (248) 884-5884 |
| CELL PHONE NUMBER (Include Area Code) (248) 884-5884 | FAX NUMBER (Include Area Code) N/A | EMAIL ADDRESS danieljsmith10@gmail.com | |
| INDIVIDUAL BUILDERS LICENSE NUMBER 2101050762 | | EXPIRATION DATE 5-31-23 | |
| COMPANY BUILDERS LICENSE NUMBER 2102110441 | | EXPIRATION DATE 5-31-21 | |
| FEDERAL EMPLOYER ID NUMBER (or reason for exemption) 38-3081434 | | | |
| WORKERS COMP INSURANCE CARRIER (or reason for exemption) Traveler's Insurance | | | |
| UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption) Traveler's Insurance | | | |



512
Wallace



512
Wallace



572
Wallace



CITY OF BIRMINGHAM
Date 08/28/2020 3:27:08 PM
Ref 00172181
Receipt 543063
Amount \$2,000.00

CITY OF BIRMINGHAM
Community Development - Building Department
151 Martin Street, Birmingham, MI 48009
Community Development: 248-530-1850
AMG Inspection Request Site: <https://www.accessmygov.com>
Fax: 248-530-1290 / www.bhamgov.org

Permit # **PD20-0055**

Project # **JDSF 20-0036**

APPLICATION FOR DEMOLITION PERMIT

| | | | |
|---|--|--|--|
| I. Project Type / Location | | | |
| <input checked="" type="checkbox"/> HOUSE | <input type="checkbox"/> HOUSE AND ATTACHED GARAGE | <input type="checkbox"/> HOUSE AND DETACHED GARAGE | <input type="checkbox"/> DETACHED GARAGE |
| <input type="checkbox"/> EXTERIOR | <input type="checkbox"/> INTERIOR NON-LOAD BEARING | <input checked="" type="checkbox"/> SHED | <input type="checkbox"/> COMMERCIAL BUILDING |
| ADDRESS 211 W. Frank | | PROPERTY IDENTIFICATION NUMBER (SIDWELL NO.) | LOT NUMBER |
| II. Applicant / Project Contact Information | | | |
| A. Applicant | | | |
| NAME TOM AMOLD | | ADDRESS 4608 FERNLEE | |
| CITY ROYAL OAK | STATE MI | ZIP CODE 48073 | TELEPHONE NUMBER (Include Area Code) 248.219.8181 |
| CELL PHONE NUMBER (Include Area Code) 248.219.8181 | FAX NUMBER (Include Area Code) 248.549-1894 | EMAIL ADDRESS tamold@sbcglobal.net | |
| B. Owner or Lessee | | | |
| NAME PIERRE BOUTROS | | ADDRESS 285 HAWTHORNE STREET | |
| CITY BIRMINGHAM | STATE MI | ZIP CODE 48009 | TELEPHONE NUMBER (Include Area Code) 248.361.6868 |
| CELL PHONE NUMBER (Include Area Code) 248.361.6868 | FAX NUMBER (Include Area Code) | EMAIL ADDRESS pboutros@onecoreltc.com | |
| C. Architect or Engineer | | | |
| NAME | | ADDRESS | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |
| CELL PHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL ADDRESS | |
| LICENSE NUMBER | | EXPIRATION DATE | |
| D. Contractor | | | |
| NAME TOM AMOLD & ASSOCIATES, INC | | ADDRESS 4608 FERNLEE | |
| CITY ROYAL OAK | STATE MI | ZIP CODE 48073 | TELEPHONE NUMBER (Include Area Code) 248.219.8181 |
| CELL PHONE NUMBER (Include Area Code) 248.219.8181 | FAX NUMBER (Include Area Code) 248.549-1894 | EMAIL ADDRESS tamold@sbcglobal.net | |
| INDIVIDUAL BUILDERS LICENSE NUMBER 2101080330 | | EXPIRATION DATE 5/31/2023 | |
| COMPANY BUILDERS LICENSE NUMBER 2102131063 | | EXPIRATION DATE 5/23/2023 | |
| FEDERAL EMPLOYER ID NUMBER (or reason for exemption) 38-3232025 | | | |
| WORKERS COMP INSURANCE CARRIER (or reason for exemption) TRAVELER'S | | | |
| UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption) N/A - NO EMPLOYEES | | | |

RECEIVED

AUG 28 2020

CITY OF BIRMINGHAM
COMMUNITY DEVELOPMENT DEPT.

CITY OF BIRMINGHAM
Date 08/28/2020 3:28:19 PM
Ref 00172179
Receipt 543065
Amount \$25.00

Date 08/28/2020 3:27:08 PM
Ref 00172180
Receipt 543063
Amount \$200.00





CITY OF BIRMINGHAM
Community Development - Building Department
151 Martin Street, Birmingham, MI 48009
Community Development: 248-530-1850
AMG Inspection Request Site: <https://www.accessmygov.com>
Fax: 248-530-1290 / www.bhamgov.org

Permit # _____

Project # _____

APPLICATION FOR DEMOLITION PERMIT

| | | | |
|--|--------------------------------|--|---|
| I. Project Type / Location | | | |
| <input type="checkbox"/> HOUSE <input checked="" type="checkbox"/> HOUSE AND ATTACHED GARAGE <input type="checkbox"/> HOUSE AND DETACHED GARAGE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> COMMERCIAL BUILDING <input type="checkbox"/> EXTERIOR <input type="checkbox"/> INTERIOR NON-LOAD BEARING <input type="checkbox"/> SHED <input type="checkbox"/> OTHER _____ | | | |
| ADDRESS <u>1934 Derby</u> | | PROPERTY IDENTIFICATION NUMBER (SIDWELL NO.) <u>20-30-327-007</u> | LOT NUMBER <u>18</u> |
| II. Applicant / Project Contact Information | | | |
| A. Applicant | | | |
| NAME <u>William Saracino</u> | | ADDRESS <u>501 WATTLES</u> | |
| CITY <u>Bloomfield</u> | STATE <u>Mich.</u> | ZIP CODE <u>48304</u> | TELEPHONE NUMBER (Include Area Code) |
| CELL PHONE NUMBER (Include Area Code) <u>248-563-6428</u> | FAX NUMBER (Include Area Code) | EMAIL ADDRESS <u>KLsaracino@gmail.com</u> | |
| B. Owner or Lessee | | | |
| NAME <u>Mary R. Raftery</u> | | ADDRESS <u>1934 Derby Road</u> | |
| CITY <u>Birmingham</u> | STATE <u>MI</u> | ZIP CODE <u>48009</u> | TELEPHONE NUMBER (Include Area Code) <u>248-505-3145</u> |
| CELL PHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL ADDRESS <u>Maryraftery1@gmail.com</u> | |
| C. Architect or Engineer | | | |
| NAME <u>NONE</u> | | ADDRESS | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |
| CELL PHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL ADDRESS | |
| LICENSE NUMBER | | EXPIRATION DATE | |
| D. Contractor | | | |
| NAME <u>Milwaukee C.M.</u> | | ADDRESS <u>501 WATTLES</u> | |
| CITY <u>Bloomfield</u> | STATE <u>Mich</u> | ZIP CODE <u>48304</u> | TELEPHONE NUMBER (Include Area Code) |
| CELL PHONE NUMBER (Include Area Code) <u>248-563-6428</u> | FAX NUMBER (Include Area Code) | EMAIL ADDRESS | |
| INDIVIDUAL BUILDERS LICENSE NUMBER <u>2101040103</u> | | EXPIRATION DATE <u>5-31-2023</u> | |
| COMPANY BUILDERS LICENSE NUMBER <u>2102196480</u> | | EXPIRATION DATE <u>5-31-2023</u> | |
| FEDERAL EMPLOYER ID NUMBER (or reason for exemption) <u>38-2186860</u> | | | |
| WORKERS COMP INSURANCE CARRIER (or reason for exemption) <u>Assure</u> | | | |
| UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption) <u>0910511</u> | | | |

RECEIVED

AUG 18 2020

CITY OF BIRMINGHAM
COMMUNITY DEVELOPMENT DEPT.

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Historic District Commission Action List – 2020

| Historic District Commission | Quarter | Rank | Status |
|--|------------------------------------|------|-------------------------------------|
| Complete CLG Community Partnership Program Applications | 1 st (January-March) | 1 | <input checked="" type="checkbox"/> |
| Schedule Training Sessions for HDC and Community | 1 st (January-March) | 2 | <input type="checkbox"/> |
| Redesign HDC Board Applications | 2 nd (April-June) | 3 | <input type="checkbox"/> |
| Draft Letter to Historic Property Owners | 2 nd (April-June) | 4 | <input type="checkbox"/> |
| Revamp Heritage Home Program | 3 rd (July-September) | 5 | <input type="checkbox"/> |
| Historic District Ordinance Enforcement | 3 rd (July-September) | 6 | <input type="checkbox"/> |
| Develop Interactive Map of Historic Properties in Birmingham | 4 th (October-December) | 7 | <input type="checkbox"/> |

Updates:

1. CLG Community Partnership Applications submitted February 3rd, 2019
 - Survey – Little San Francisco (The “Ravines”)
 - Design Guidelines – New and Emerging Materials
 - **Projects were not selected**
2. Three trainings selected (**need to be scheduled**):
 - Historic District Commissioner Training
 - Building Assessment 101
 - Understanding Historic Designation
3. Updated Design Review application for HDC as of June 2020
 - Simplified, reformatted, and trimmed unnecessary sections
 - Updated PDF to be a fillable form

COLLABORATIVE PRESERVATION PROJECT MATRIX – *PLANNING DIVISION*

| | GREENWOOD CEMETARY | HISTORIC DISTRICT COMMISSION | HISTORIC DISTRICT STUDY COMMITTEE | MUSEUM | PARKS | BALDWIN LIBRARY | FRIENDS OF THE MUSEUM | BIRMINGHAM PUBLIC SCHOOLS |
|--|-----------------------|------------------------------------|---|--------|-------|--------------------|-----------------------------|---------------------------------|
| <p>Reinitiate the Heritage Home Program</p> <ul style="list-style-type: none"> <i>HDSC is working on reviving the HH program, which includes re-evaluating guidelines, purchasing new plaques, creating an application, and updating city records on condition/stock. A map has been created by the Planning Division highlighting current and future eligible homes)</i> | | | X | X | | | | |
| <p>Audit designated historical homes and buildings</p> <ul style="list-style-type: none"> <i>HDSC is evaluating current plaque conditions with plans to update any information, and create a detailed electronic database</i> | | | X | X | | | | |
| <p>Promote the history and designation of historic properties</p> <ul style="list-style-type: none"> <i>The HDSC is getting creative in promotion through designs for an ArcGIS Story Map, themed walking tours, social media presence, and regular newsletter articles</i> | | | X | X | | | | |
| <p>Publish Eco City Survey</p> <ul style="list-style-type: none"> <i>Update photograph database and conditions</i> | | | X | X | | | | |

| | | | | | | | | |
|--|---|--|---|---|--|--|---|--|
| <ul style="list-style-type: none"> <i>Publish Eco City Survey</i> | | | | | | | | |
| Obtain a historical plaque for the Community House <ul style="list-style-type: none"> <i>Create detailed information database and content for sign</i> | | | X | X | | | | |
| Update/expand/digitize Greenwood Cemetery records <ul style="list-style-type: none"> <i>GCAB is reviewing RFP for ground penetrating radar on 8/16. Part of project will be to obtain digital map that allows us the ability to add data and integrate with search software.</i> <i>City Clerk's Office continues, when time permits, to update BS&A cemetery module with historical cemetery records. Current sales/burials are being updated quarterly when Elmwood supplies the office with the records for the quarter.</i> | X | | X | X | | | X | |
| Historic headstone inventory and condition assessment/repairs | X | | X | X | | | X | |
| Update Greenwood biographical information for existing tour program, interactive map and online access <ul style="list-style-type: none"> <i>One of outcomes sought from GPR project is interactive map that can be made accessible online.</i> | X | | X | X | | | X | |

| | | | | | | | | |
|--|---|---|---|---|---|--|---|--|
| <ul style="list-style-type: none"> <i>Museum: Working with Friends, some Greenwood bios are complete and being updated on an ongoing basis.</i> | | | | | | | | |
| <p>Locate Potter's Field at Greenwood</p> <ul style="list-style-type: none"> <i>GCAB and Friends of Museum member, Linda Buchanan, has extensive research on history of Potter's Field, including where/when some of original burials were moved. Am requesting that the information be assembled into written document.</i> | X | | X | X | | | X | |
| <p>Preservation project Certified Local Government (SHPO) grant funding at Allen/Hunter Houses</p> <ul style="list-style-type: none"> Museum: assessment underway to determine appropriateness of Hunter House exterior restoration project for fall CLG funding cycle (Oct 1, 2019). | | X | | X | | | | |
| <p>Preserve and improve Museum site and adjacent trails for enhanced public access/ explore relevant grants</p> <ul style="list-style-type: none"> Museum: working with Parks/DPS, trail maintenance and treatment of invasives underway. Heritage Zone plan being finalized for improvements in vicinity of Allen/Hunter Houses. | | | | X | X | | | |

| | | | | | | | | |
|---|--|--|--|---|---|---|---|---|
| <p>Grants to be explored early 2020.</p> <ul style="list-style-type: none"> DPS: Ongoing site improvements to landscape, invasive species and water issues. Collaboration ongoing with Museum. | | | | | | | | |
| <p>Integrated/continuity of park signage and wayfinding</p> <ul style="list-style-type: none"> DPS: Standing by for logo update and coordination efforts with Planning/Admin with any signage installations. | | | | X | X | | | |
| <p>Enhance/expand adult and child history-related enrichment programs</p> <ul style="list-style-type: none"> Museum: programs for adults and children have been expanded and enhanced and will be ongoing. | | | | X | | X | X | X |