



**City of Boulder City**  
**Community Development Department**  
**Redevelopment Agency**  
401 California Avenue  
Boulder City, NV 89005-2600  
702-293-9282 (Main Line)

## **Instructions and Forms for Completing the Owner Participation Agreement**

*The following provides a brief description and/or examples of the forms you will need to provide as backup material to your Statement of Interest to Participate Form.*

**Action Items 1 through 9 (including forms) are due at time of submission of the Statement of Interest to Participate Form**

### **Action Item 1 → Provide: “Before” Photographs**

Please email site photographs of the project area to: [rfestekjian@bcnv.org](mailto:rfestekjian@bcnv.org)

When taking photographs, please ensure the subject area is clearly visible and the site area is viewed from different angles (i.e., from the front property line, from across the street, from the side, rear, etc.)

Before Pics (Sample):



**Action Item 2 ➡ Provide: Proof of Ownership or Leasehold Interest in the Site**

Provide documentation that you 1) are the legal owner of the property, or 2) have a leasehold interest in the site.

Examples of acceptable documentation include:

- A copy of the printout of your property from the Clark County Assessor’s Office
- A copy of the deed
- A recent tax notice

If you are a leaseholder, provide a copy of the lease document showing yourself or company as the leaseholder, or a letter from the landowner indicating that you are the leaseholder.



**Commercial Lease Agreement**

This Lease agreement is made on this \_\_\_\_\_ day of \_\_\_\_\_ (Month), \_\_\_\_\_ (Year) by and between \_\_\_\_\_ (hereinafter "Landlord")

**AND**

\_\_\_\_\_ (hereinafter "Tenant").

In consideration for the aforesaid promises and agreements contained herein, and for other good and valuable consideration, the parties hereto agree as follows:

1. The Landlord leases to the Tenant, and the Tenant rents from the Landlord the following stated grounds: \_\_\_\_\_
2. The term of the Lease shall be for \_\_\_\_\_ beginning \_\_\_\_\_ and ending \_\_\_\_\_
3. The Tenant shall pay to Landlord as rent \$ \_\_\_\_\_ per year in equal monthly installments of \$ \_\_\_\_\_ payable in advance \_\_\_\_\_ (Time Period).
4. The Lease is subject to all present or proposed mortgages affecting the property.
5. Tenant shall use and inhabit the building only as a \_\_\_\_\_ (Tenant Rental Status) subject at all times to the approval of the Landlord.
6. The Tenant shall not make any alterations, additions or improvements to the building without the prior written permission of the Landlord.
7. The property-owner, at his own cost, shall equip the following utilities or facilities for the benefit of the occupant: \_\_\_\_\_
8. The leaseholder, at his own cost, shall provide the following: \_\_\_\_\_
9. The leaseholder shall purchase at his own cost public liability insurance in the amount of \$ \_\_\_\_\_ as well as fire and explosion insurance in the amount of \$ \_\_\_\_\_ for the property and shall provide satisfactory proof thereof to the property-owner and shall continue same in force and effect throughout the Lease period hereof.
10. The leaseholder shall not let or commit waste to the property.
11. The leaseholder shall meet the terms, policies, order codes and laws of all governmental establishments having authority over the property.

**Action Item 3 ➡ Complete: Scope of Work (Form on next page)**

Provide a very detailed list of the scope of work to be performed with the RDA grant funds. For example, if the grant includes landscape improvements, provide information on the square footage of landscaping to be improved, details on the irrigation system, number of new plants, any new curbing or asphalt work, lighting improvements, etc. **Please provide the cost of each element.**

Note: Each project type will have its own unique characteristics and may deviate from the original, however, it is important that you provide as much detailed information as possible. This will also help you better plan for the project and to ensure that you have adequate funds on hand to complete the project. A blank form is included with these instructions for your use on the next page.

## Scope of Work Action Item 3

### Address of Property in RDA Area

		Boulder City	NV	89005
Street Number	Street Name	City	State	Zip Code

### Scope/Objective

(Provide a detailed description of the desired product or service and how the project will be completed. Provide detailed expense information in the next section.)

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### Estimated Expense Information

(Detail each eligible activity and associated cost; complete a separate form for each aspect of the project (i.e., landscaping, plumbing, painting, etc.))

Eligible Activity	Estimated Expense
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	<b>TOTAL ANTICIPATED ELIGIBLE PROJECT COSTS</b>

Amount of assistance is 30% of eligible costs and/or 50% of eligible signage costs (under the commercial signage sub-category), up to a maximum of \$99,900, whichever is less, provided the Participant meets the matching funds requirement. Please attach copies of at least two (2) (three is preferable) or more comparable bids for the project to this Scope of Work. ***The Agency reserves the right to accept or reject all bids submitted which are not indicative of the actual cost of work to be performed.***

**Action Item 4** ➡ **Provide: Bid Results for Eligible Work**

If your overall project costs will exceed \$10,000, you are required by NRS 279.498 to partake in competitive bidding. Please obtain three (3) or more competitive bids from properly licensed contractors who are not affiliated with the applicant. For example, if you are a contractor applying for RDA funds, at least three (3) of the bids submitted must be submitted by other non-affiliated contractors. Prior to work commencing, please ensure bidders have the appropriate Nevada State Contractors licenses (where required) and a valid Boulder City Business License (always required). It's imperative that all contractors have the appropriate state and city licenses.

A form titled "JOB ESTIMATE". At the top left, it says "FREE Standard Logo" and "YOUR COMPANY NAME" followed by "123 MAIN STREET" and "YOUR TOWN, STATE AND ZIP". There are fields for "PHONE" and "FAX". Below that is a "TO:" field with a blank line. The main body of the form is a large area labeled "JOB DESCRIPTION:" with many horizontal lines for writing. At the bottom, there are two columns of text. The left column contains a disclaimer: "THIS ESTIMATE IS FOR COMPLETING THE JOB AS DESCRIBED ABOVE. IT IS BASED ON OUR EVALUATION AND DOES NOT INCLUDE MATERIAL, PRICE INCREASES OR ADDITIONAL LABOR AND MATERIALS WHICH MAY BE REQUIRED SHOULD UNFORESEEN PROBLEMS OR ADVERSE WEATHER CONDITIONS ARISE AFTER THE WORK HAS STARTED." The right column has fields for "ESTIMATED JOB COST" and "ESTIMATED BY:".

**Action Item 5** ➡ **Provide: Insurance and Indemnification Requirements**

Please furnish a Certificate of Insurance that lists the City of Boulder City as an additional insured with policy limits for bodily injury and property damage in the general aggregate amounts of at least Two Million Dollars (\$2,000,000.00), One Million Dollars (\$1,000,000.00) for any occurrence, Five Hundred Thousand Dollars (\$500,000.00) for property damage, and Ten Thousand Dollars (\$10,000.00) for medical expense (any one person).



**Action Item 7**  **Complete: Employment Plan**

State law requires that all projects that receive RDA funding must submit an employment plan (listed below) that shows the anticipated employment impact of the project.

The anticipated employment impact of the project is as follows:

- Estimated number of workers during the construction phase \_\_\_\_\_
- Estimated number of employees once the project is complete (i.e., on-going employment) \_\_\_\_\_
- Estimated number of local citizens that may be employed by the project ***for both the construction phase and on-going employment*** \_\_\_\_\_
- Estimated number of low- and moderate-income persons who may be employed \_\_\_\_\_
- Estimated number of women and minorities that may be employed \_\_\_\_\_
- Estimated number of veterans that may be employed \_\_\_\_\_

**Action Item 8 → Complete: Participant Affidavit (Actual form on the following page)**

The Participant Affidavit certifies that all of the required elements for approval under City Ordinance and the Nevada Revised Statutes have been met. Completing the Participant Affidavit and having it notarized certifies the following:

- Your project will provide a substantial benefit to the community (**check one or more box(s) in item 3**).

Affidavit of Participant Sample Form

STATE OF NEVADA    }  
COUNTY OF CLARK   } *ss:*

I, \_\_\_\_\_, being first sworn, depose and state under penalty of perjury as follows:

- I am a corporate officer, managing member, or sole proprietor of \_\_\_\_\_, a company duly organized in the State of Nevada as a \_\_\_\_\_ (Corporation/ LLC / Sole Proprietorship) (herein the "Participant"). The Participant is seeking the assistance of the City of Boulder City Redevelopment Agency ("Agency") for making improvements to the property at \_\_\_\_\_ ("Site"), as more particularly described by the Participation Agreement.
- I hereby warrant that I either own the site or have a leasehold interest in the site for a minimum of five (5) years subsequent to the effective date of this Agreement.
- Assistance from the Agency will allow me to make improvements to the Site which I could not otherwise do. This will result in substantial benefit to the Redevelopment Plan Area and the neighborhood adjacent to the Site because of one or more of the following reasons (check all that apply):
  - Encourage the creation of new business or other appropriate development;
  - Create jobs or other business opportunities for nearby residents;
  - Increase local revenues from desirable sources;
  - Increase levels of human activity in the redevelopment area or the immediate neighborhood in which the redevelopment area is located;
  - Possess attributes that are unique, either as to type of use or level of quality and design;
  - Require for their construction, installation or operation the use of qualified and trained labor; or
  - Demonstrate greater social or financial benefits to the community than would a similar set of buildings, facilities, structures or other improvements not paid for by the Agency.

- There is no other reasonable means of financing to complete the project (**check one box in item 4**).

- No other reasonable means of financing those buildings, facilities, structures or other improvements are available, because of one or more of the following reason(s) (check all that apply):
  - The improvements, if financed by the Participant through cash on hand or through debt financing from a private lender, would not result in a reasonable rate of return to the Participant; or
  - The Participant would not undertake the full set of improvements contemplated in the Agreement's Scope of Work through resources reasonably available to the Participant.
- I have contacted adjacent property owners and occupants within a three hundred foot (300') radius of the Site to solicit their opinions, and have submitted those written opinions to the Agency for consideration.
- I have compared the current taxable value of the site, including all current tax revenues generated from the Site with the future revenues that the Site will generate that are attributable to the buildings, facilities, structures or other improvements. This comparison has been submitted to the Agency for consideration and is attached to this affidavit.
- I have submitted true and accurate documentation to the Agency which evidences the statements I have made above.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Printed Name

SIGNED AND SWORN TO before me, the undersigned, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_, \_\_\_\_\_, who acknowledged that he/she executed the above instrument.

NOTARY PUBLIC \_\_\_\_\_ Seal  
My Commission Expires: \_\_\_\_\_



4. No other reasonable means of financing those buildings, facilities, structures or other improvements are available, because of one or more of the following reason(s) (check all that apply):
- The improvements, if financed by the Participant through cash on hand or through debt financing from a private lender, would not result in a reasonable rate of return to the Participant; or
  - The Participant would not undertake the full set of improvements contemplated in the Agreement's Scope of Work through resources reasonably available to the Participant.
5. I have submitted true and accurate documentation to the Agency which evidences the statements I have made above.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Printed Name

SIGNED AND SWORN TO before me, the undersigned, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_, \_\_\_\_\_, who acknowledged that he/she executed the above instrument.

\_\_\_\_\_  
NOTARY PUBLIC

Seal

My Commission Expires:

**Action Item 9  Complete:**

**Disclosure of Ownership/Principals Certificate**

(Required to disclose all persons who are associated with your company or group that is filing the application for funds)

**Section 1 – Contracting Entity**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number Street Name City State Zip Code

Phone Number: \_\_\_\_\_ EIN or DUNS: \_\_\_\_\_

**Section 2 – Description**

Subject Matter of Contract/Agreement: Redevelopment Agency Participation Agreement

**Section 3 – Type of Business**

Individual     Partnership     Limited Liability Company     Corporation

**Section 4 – Disclosure of Ownership and Principals**

In the space below, please list all principals (including partners) of the Contracting Entity, as well as persons or entities holding more than one percent (1%) ownership interest in the Contracting Entity.

Full Name	Title	Business Address	Business Phone

*The Contracting Entity shall continue the above list on a sheet of paper entitled "Disclosure of Principals – Continuation" until full and complete disclosure is made. If continuation sheets are attached, please indicate the total number of sheets.*

I certify, under penalty of perjury, that all information provided in this Certificate is current, complete, and accurate.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

SIGNED AND SWORN TO before me, the undersigned, a Notary Public in and for the

County of \_\_\_\_\_, State of \_\_\_\_\_, \_\_\_\_\_,

who acknowledged that he/she executed the above instrument.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires

Seal



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## Redevelopment Agency Program Reimbursement Request Form

### FUNDING LIMITS

Agency funds may only be spent to repay the costs of labor and materials necessary for exterior building and site improvements including, but not limited to: restoration or renovation of storefronts, exterior signage and lighting, landscape and parking lots, and building additions, in the manner approved by the Redevelopment Authority and the City Council. Secondary uses include life safety related upgrades, such as fire sprinkler systems in old buildings. Said funds may ***not*** be used for interior and/or tenant improvements, maintenance improvements such as roofing and general structural upgrade work, new building construction, equipment, fixtures, administrative salaries, advertising or promotion (except approved fixed signs on the subject property), market research or studies, and stock or inventory.

**Please complete both sides of this form and submit with it the following information:**

- 1) Relevant invoices and/or receipts with proof of payment, such as a cancelled check, bank statement, credit card receipts, etc. **Please note that receipts paid for with cash cannot be reimbursed.**
- 2) A copy of your W-9
- 3) "After" photographs

\*Note: Reimbursements can be requested at the 50% project completion mark, and at 100% completion of the entire project. The reimbursement process will take approximately two to four weeks.

### Make reimbursement check payable to:

Name: \_\_\_\_\_  
Please Print Clearly Daytime Phone Number

Mailing Address: \_\_\_\_\_  
Street Number Street Name City State Zip Code

**Return your completed form and a copy of your W-9 to:**

City of Boulder City  
 Community Development Department  
 Redevelopment Agency Program  
 401 California Avenue  
 Boulder City NV 89005-2600

**\*List Expense and Project Information on Reverse\***

