



CITY OF MILTON

RESIDENTIAL EXTERIOR IMPROVEMENT PROGRAM - GRANT APPLICATION

APPLICANT INFORMATION

Applicant Name FRANK + ANN McCulloch

Property Address 215 FRONT ST

Phone 608 868 3842 Email _____

PROPERTY INFORMATION

Year Home Built 1914 Purchase Year of Home 1970

Assessed Value of Home \$ 116,000

PROJECT INFORMATION

Proposed Start Date 6-15-2020 Proposed Completion Date 6-18-2020

Contractor Name J. VAN HORN Contractor License # _____

Contractor Address 523 GOLDEN LN MILTON WI 53563
Street City State Zip

Contractor Phone 608-868-3125 Contractor Email horn5@charter.net

Total Project Estimate \$ 6,680.00 Grant Request \$ 2,500.00

Other funding sources that will be used: _____

DOCUMENTS TO INCLUDE

- Copy of Contractor License
- Proof of Insurance
- Photos of what will be repaired

Certification: The information provided above is true and accurate to the best of my knowledge and I have read and understand the guidelines of the City of Milton Residential Exterior Improvement Program and agree to abide by its conditions. I acknowledge that the Common Council has the right to terminate this agreement under the Residential Exterior Improvement Program if I, as the applicant, am found to be in violation of any conditions set forth in the guidelines of the program. I understand this is a matching grant up to \$5,000.

Frank McCulloch
Applicant Signature

5/11/2020
Date

cc

J. VAN HORN PAINTING
523 GOLDEN LANE
MILTON, WI 53563
(608) 868-3105
FAX 608-868-4206 E, horn5@charter.net

05/08/2020

CONTRACT

**THIS CONTRACT MADE MAY 8
BETWEEN , CONTRACTOR: J. VAN HORN PAINTING ADDRESS: 523 GOLDEN LANE
MILTON, WI 53563
CUSTOMER:FRANK MCCULLICK 215 FRONT STREET MILTOM WI.53563**

**POWER WASH ALL SCRAPE AND SAND WHERER NEEDED .PRIME ALL BARE WOOD
AND APPLY TWO COATS OF SHERWIN WILLIAMS SUPER PAINT TO ALL PAINTED
SURFACES
\$5,680.00**

**THE OWNER DOES HEREBY ENGAGE THE CONTRACTOR TO FURNISH ALL
MATERIALS AND LABOR TO COMPLETE JOB.'
ANY ADDITIONAL WORK DONE AT RATE OF \$45.00 PER HOUR.
THE TERMS OF THIS CONTRACT SHALL BE BINDING ON THE PARTIES HERETO, THEIR
HEIRS, EXCECUTORS, ADMINISTRATORS, REPRESENTATIVES, SUCCESSORS, AND
ASSIGNS.
THIS CONTRACT CAN BE CHANGED ONLY BY AN AGREEMENT IN WRITTING SIGNED
BY
EACH PARTY. THE OWNER AND CONTRACTOR HAVE SIGNED THIS CONTRACT AS OF
THE
DATE ABOVE.**

**OWNER NAME: _____
PAINTING**

CONTRACTOR NAME: J. VAN HORN

**SIGNATURE: X 
X _____**

SIGNATURE:

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) John B Van Horn	
Business name/disregarded entity name, if different from above J. Van Horn LLC Painting	
Check appropriate box for federal tax classification: <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 checked="" 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.) 523 Golden Lane	Requester's name and address (optional)
City, state, and ZIP code Milton WI 53563	
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.

Social security number																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>								

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

Employer identification number											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> </tr> </table>	3	9	-	1	9	8	8	9	0	8	
3	9	-	1	9	8	8	9	0	8		

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 ▶ *John B Van Horn*

Date ▶ **4-10-2020**

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

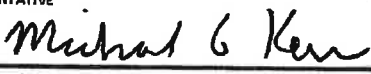
PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
INSURED J. VAN HORN PAINTING & C.P.I., L.L.C. 523 GOLDEN LN MILTON, WI 53563-1212		157-511-7	INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY HAIC # 13935 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 0** **REVISION NUMBER: 2**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INER	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	6066476	03/01/2020	03/01/2021	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence): \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COM/PROP AGG: \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	6066477	03/01/2020	03/01/2021	COMBINED SINGLE LIMIT (Ea accident): \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION	N	N	6066479	03/01/2020	03/01/2021	EACH OCCURRENCE: \$1,000,000 AGGREGATE: \$1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6066478	03/01/2020	03/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT: \$500,000 E.L. DISEASE - EA EMPLOYEE: \$500,000 E.L. DISEASE - POLICY LIMIT: \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.

CERTIFICATE HOLDER A CERTIFICATE HAS BEEN FILED WITH EACH OF YOUR CERTIFICATE HOLDERS.	CANCELLATION 0 2 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

ESTIMATE X

BILL _____



ARNIE LUND

Painting, Spraying, Staining & Wall Papering
Interior & Exterior
379 Indian Lane
EDGERTON, WISCONSIN 53534
Cell: 295-5785

JOB PHONE	DATE OF ORDER 5-8-2020
JOB NAME/LOCATION	

TO FRANK McCOLLICK

215 Front Street

Milton Wis 53563

PHONE _____

ORDER TAKEN BY _____

TERMS:

DESCRIPTION

AMOUNT

DESCRIPTION	AMOUNT
Power Wash ENTIRE exterior of House, Scrape and Sand where needed	
Prime All Bare wood	
Apply 2 Coats Finish Sherwin Williams Superpoint	
Apply To All wood Areas	
Total labor / materials	\$ 6,250 ⁰⁰

Note: Any Additional work Done will be at a rate of \$55.00 per man per hour.

LABOR	HOURS	RATE	AMOUNT	TOTAL MATERIAL
				TOTAL LABOR
WORK ORDERED BY	DATE COMPLETED	TOTAL LABOR		TAX

PAY THIS AMOUNT →

ACCEPTANCE OF PROPOSAL

The above price, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature X Date X

J. VAN HORN PAINTING
523 GOLDEN LANE
MILTON, WI 53563
(608) 868-3105
FAX 608-868-4206 E, horn5@charter.net

cc

05/08/2020

CONTRACT

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BETWEEN, CONTRACTOR: J. VAN HORN PAINTING ADDRESS: 523 GOLDEN LANE
MILTON, WI 53563
CUSTOMER: FRANK MCCULLICK 215 FRONT STREET MILTOM WI.53563

POWER WASH ALL SCRAPE AND SAND WHERER NEEDED .PRIME ALL BARE WOOD
AND APPLY TWO COATS OF SHERWIN WILLIAMS SUPER PAINT TO ALL PAINTED
SURFACES
\$5,680.00

THE OWNER DOES HEREBY ENGAGE THE CONTRACTOR TO FURNISH ALL
MATERIALS AND LABOR TO COMPLETE JOB.
ANY ADDITIONAL WORK DONE AT RATE OF \$45.00 PER HOUR.
THE TERMS OF THIS CONTRACT SHALL BE BINDING ON THE PARTIES HERETO, THEIR
HEIRS, EXCECUTORS, ADMINISTRATORS, REPRESENTATIVES, SUCCESSORS, AND
ASSIGNS.

THIS CONTRACT CAN BE CHANGED ONLY BY AN AGREEMENT IN WRITTING SIGNED
BY
EACH PARTY. THE OWNER AND CONTRACTOR HAVE SIGNED THIS CONTRACT AS OF
THE
DATE ABOVE.

OWNER NAME: _____
PAINTING

CONTRACTOR NAME: J. VAN HORN

SIGNATURE: X John Van Horn
X _____

SIGNATURE:

Biid good until 1-2022.