

Derby Resource Center 7270 Monaco Street Commerce City, Colorado 80022 Phone (303) 289-1735 derby@c3gov.com



COMMERCIAL CATALYST PROGRAM REQUEST FORM

Anythink Library	1-9-2020	
Business Name:	Date	
7125 Monaro Street Commerce (Business Street Address City	State Zip	
303-405-3272 Business Phone Business Fax B	cardenas Danythinklibonric 3. org.	
Rangeview Library District / Anythink Librari Property Owner/Tenant Name: Property Owner Tenant	73	
7125 Moraco St. Commerce C Owner/Tenant Street Address City	1 ity 0 8022 State Zip	
303-405-3272 Owner/Tenant Phone Owner/Tenant Fax O	wner/Tenant E-Mail Address	
Estimate or Quote of Total Project Cost (attach estimates):		
Amount of Catalyst Program Fund Request*: \$\frac{15,000.00}{25,000.00}\$ *Applicant will be reimbursed for not more than 50% of the total completed project cost or an amount approved by the Derby Review Board, whichever is less.		
ACKNOWLEDGEMENT OF APPLICATION PROVISIONS		
I affirm that this project will not be initiated without written commitments and completed contracts with the City of Commerce City.		
I affirm that this project conforms to all codes, ordinances, and regulations as well as the common design principles established for the Catalyst Program.		
I affirm that all applicable permits will be obtained for this project and all accompanying inspections will be successfully completed in order to receive reimbursement.		
I affirm that I am in good standing with the City of Commerce City with respect to taxes, fees, loans, or other financial obligations to the city.		



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I agree that if this project is selected for a grant from the City of Commerce City, photographs of my property may be used in promotional materials for the commercial Catalyst Program.		
I affirm that the requisite materials are included with this submittal.		
☐ I understand that in some cases, an architect and/or eng approval.	ineer must prepare documents for building permit	
I understand that all applicable permits must be obtained, and all accompanying inspections must be successfully completed.		
I understand that all project-related invoices must be sul reimbursement. In addition, approved copies of required condition of reimbursement.	omitted for review at conclusion of project prior to city building permits must be submitted as a	
Ricardo Cardenas R-2 C	C 8-1-2026	
Applicant's Printed Name & Signature:	Date	
Sife	10.14.20	
Commerce City Representative	Date	
I understand that all project-related invoices must be submitted for review at conclusion of project prior to reimbursement. In addition, approved copies of required city building, sign, and fence permits must be submitted as a condition of reimbursement.		
FOR OFFCE USE ONLY:		
Date Project Initiated	Date Project Completed	