



Blight Elimination Program Waiver Form

Form Approved for Use January 2, 2018

DISCLAIMER: All Program Partner waivers and property addition/removal waivers must be received by IHCD no later than Monday, October 1, 2018, 5pm Eastern Time. Effective Tuesday, October 2, 2018, IHCD will only accept requests to exceed the \$15,000 allowance (tier override requests), requests to modify the end use of an approved property, and requests to add a property using surplus funds from approved property closeouts (surplus property addition request). All other waiver requests will be automatically declined.

On this ____ day of _____ 20____, Blight Elimination Program ("BEP") Recipient, _____ ("Recipient"), seeks a waiver to modify the terms of its BEP Application (the "Application") and Recipient and Program Partner Agreement (the "Agreement"). All capitalized terms not defined herein shall carry the definitions contained in the Application or the Agreement.

The Recipient believes that it is in the best interests of the Project and necessary to facilitate the BEP goals described in the Application that it obtain a waiver from certain agreed terms in the Application and the Agreement. Recipient requests a waiver to do one or more of the following acts (each, a "Requested Modification"):

- 1) ____ remove a Program Partner;
- 2) ____ add a Program Partner;
- 3) ____ remove a property approved to be included in the Project;
- 4) ____ add a property for BEP approval to be included in the Project;
- 5) ____ modify the end use for a property approved to be included in the Project;
- 6) ____ reallocate the costs and/ or fees associated with an approved invoice;
- 7) ____ exceed the \$15,000.00 allowance for a Tier One property; or
- 8) ____ add a property for BEP approval using **surplus funds** from approved property close-outs.

The Recipient acknowledges that this Waiver Form is a request to amend the terms of the Application and the Agreement and not an actual amendment of either such documents. In order for any Requested Modification to become effective, it must be agreed to by IHCD. No amendments to either the Application or the Agreement will be effective unless they are agreed under the terms therein.

Instructions:

Mark the Requested Modification(s) above and provide the documentation necessary for each request. The waiver form may be used as a check list by placing an "X" or "✓" next to each required item provided in the instructions below. All necessary documentation must be provided with this Waiver Form and mailed to the attention of the Blight Elimination Program. No emailed, faxed, or photocopied waiver requests will be accepted. Refer to BEP Notice 16-67 for questions on document requirements. Recipient may use one Waiver Form for related tasks such as removing a Program Partner and adding

a new Program Partner. If Recipient is seeking to facilitate two tasks with one Waiver Form, Recipient should provide all necessary documentation for the review and approval of both tasks.

Removal of a Program Partner: In support of the removal of a Program Partner, Recipient shall attach the following documentation to this Waiver Form:

- ___a) a narrative detailing the reason(s) why the Program Partner should be removed;
- ___b) a copy of the letter sent to the Program Partner at least ten (10) business days prior to the date of this Waiver Form notifying the Program Partner that Recipient seeks to remove it from the BEP Project;
- ___c) any written response it received from the Program Partner;
- ___d) a list of the properties approved to be part of the Project for which the Program Partner was responsible; and
- ___e) the approved Program Partner or potential Program Partner that will be responsible for each property.

Additional Program Partner: In support of the approval of an additional Program Partner, Recipient shall attach the following documentation to the Waiver Form:

- ___(a) a narrative detailing the reason(s) why a Program Partner should be added to the Project;
- ___(b) an original signed letter from the proposed Program Partner agreeing to serve as a BEP Program Partner if approved; and
- ___(c) the necessary Program Partner documents requested on Pg. 12 of the BEP Application Packet found at <https://877gethope.org/blight>

Removal of an approved property in the Project: In support of removing a property from the Project, Recipient shall attach the following documentation to this Waiver Form:

- ___(a) a narrative detailing the reason(s) why Recipient seeks to remove the property from the Project;
- ___(b) a copy of the letter sent to the Program Partner at least ten (10) business days prior to the date of the Waiver Form notifying the Program Partner that Recipient seeks to remove the property from the project;
- ___(c) any written response Recipient received from the Program Partner; and
- ___(d) a narrative advising whether Recipient intends to substitute another property in the Project or relinquish the portion of the Award associated with the property it seeks to remove.

Addition of a property to the Project: In support of the addition of a property to the Project, Recipient shall attach the following documentation to this Waiver Form:

- ___(a) a narrative detailing the reason(s) why Recipient seeks to add a property to the Project;
- ___(b) an original signed letter from the Program Partner that will facilitate the end use of the property if approved;
- ___(c) a Site Evaluation Matrix and all supporting documentation necessary to determine whether the property qualifies for the BEP as provided in the Application Packet; and,
- ___(d) proof of acquisition or a verified interest/commitment to sell the designated property to the Program Partner for each property included in the waiver request. Please refer to BEP Notice 17-94, Section 4 for a list of acceptable documents.

Modification of the end use of a property approved for the Project: In support of modifying the designated end use of a property included in the Project, Recipient shall attach the following documentation to this Waiver Form:

- ___(a) a narrative detailing the reason(s) why Recipient seeks to modify the end use of the property; and
- ___(b) an original signed letter from the Program Partner agreeing to facilitate the new end use of the property, if approved.

Reallocation of costs and/or fees associated with an approved Claim: In support of reallocating the costs and/ or fees associated with an approved BEP Claim, Recipient shall attach the following documentation to this Waiver Form:

- ___(a) a narrative detailing the reason(s) why Recipient seeks to reallocate the fees and/or costs associated with an approved Claim;
- ___(b) the Claim receipt; and
- ___(c) the new designation for the approved cost.

Request to exceed the \$15,000.00 Tier One cap: In support of its request to exceed the Tier One cap, Recipient shall attach the following documentation to this Waiver Form:

- ___(a) a narrative detailing the reason(s) why Recipient seeks to exceed the \$15,000.00 Tier One cap; and
- ___(b) an estimate or quote from the Project's contractor detailing the work necessary and resulting in the cost above and beyond the \$15,000.00 Tier One cap.

Addition of a property to the Project using surplus funds from approved property close-outs: In support of the addition of a surplus property to the Project, Recipient shall attach the following documentation to this Waiver Form:

- ___(a) a narrative detailing the reason(s) why Recipient seeks to add a property to the Project;
- ___(b) an original signed letter from the Program Partner that will facilitate the end use of the property if approved;
- ___(c) a completed Site Evaluation Matrix and all supporting documentation necessary to determine whether the property qualifies for the BEP as provided in the application packet; and,
- ___(d) proof of acquisition or a verified interest/commitment to sell the designated property to the Program Partner for each property included in the waiver request. Please refer to BEP Notice 17-94, Section 4 for a list of acceptable documents.

Submitted on the date first written above.

Recipient: _____

By: _____

Printed name: _____

Title: _____