

CITY OF VALDEZ
APPLICATION FOR LEASE OF CITY OWNED LAND

Application Fee: \$50.00 (Non-refundable)

FEE WAIVED FOR 2017 PER RES# 12-72

This form is to be completed by an individual or an organization proposing to lease City-owned land. Complete in full and to the best of your knowledge. Please explain any omissions and use additional pages where appropriate. If requested, proprietary and financial information of applicants that is so marked will be kept confidential.

The completed application shall be returned to the Valdez Community & Economic Development Department located in City Hall along with the Application fee.

A deposit of \$3,000 will be required prior to the City initiating any required appraisal or land survey. The deposit will be used to offset the cost of the appraisal and land survey. If additional funds are necessary, the applicant will be billed as part of the lease. If there is a balance, it will be applied to the first year's lease payment. This deposit will be the cumulative amount of any required appraisal, land survey or Phase I environmental analysis according to the following schedule:

- | | |
|----------------------------------------------------------------------------------------------------------|---------|
| * If a survey and/or appraisal are required: | \$3,000 |
| * If a Phase I Environmental Analysis only is required: | \$3,000 |
| * If a survey or appraisal and Environmental Analysis are required:
(Required on all industrial land) | \$5,000 |

1. Name of Individual Completing Application Form:

Name: Jo Byrd, VCG President Phone: 907-831-0997
Daytime/ Message

Mailing Address: PO Box 423, Valdez, AK 99686

2. If other individual(s) or an organization(s) will be a party to this application, indicate below. Attach additional pages as needed:

a) Name Kristina Duffy Phone: 907-831-2013

Mailing Address PO Box 423, Valdez AK 99686

Relationship to other applicant(s) VCG Vice President

b) Organization's name Valdez Community Garden

Address PO Box 423, Valdez AK 99686

Primary Contact: Jo Byrd

Title: Community Garden President

Daytime Phone #: 907-831-0997

3. TYPE OF ORGANIZATION: (Check one)

Individuals

General Partnership_____

Limited Partnership_____

Other _____

Business Corporation_____

Non-Profit Corporation XX

Non-Profit Association_____

If non-profit, has IRS Tax Exempt Status been obtained? Yes X No

If yes, attach letter of determination.

Note: Please submit, as appropriate, the following items with this application:

1. Current Alaska business license;
2. Designation of signatory authority to act for organization of other individuals;
3. Certificate and articles of incorporation;
4. Partnership agreement and amendments;
5. Charter/by-laws for non-profits;
6. Most recent annual financial statement;

4. Legal Description AFFECTED BY APPLICATION:

Located in Township_____Range_____Section, _____Meridian

Lot/ Block/ Tract/ Subd. _____ Plat # _____

Other Description Medical Park Subdivision , next to Dog Park

Tax # 81-2832086 No. of Acres 0.69

5. DESCRIBE PROPOSAL. ATTACH NARRATIVE FOR FURTHER

DESCRIPTION AND A SITE PLAN (the description should include the use; value and nature of improvements to be constructed; the type of construction; and, the estimated dates for construction to commence and be completed).

To help educate & share garden knowledge with the community of Valdez in a drug-free, safe zone where they can enjoy their self grown fruits/veggies/flowers, participate in

a healthy outdoor activity, and help grow a true sense of community togetherness.

6. WHAT IS THE TERM OF THE LEASE DESIRED?

5 years @ \$ 5⁰⁰ per year

7. IF THE REQUEST FOR A LEASE AT LESS THAN FAIR MARKET VALUE, PROVIDE JUSTIFICATION.

The garden is a non-profit entity that extends community & home garden info to both participants & non-participating city residents including free "HOW TO" classes. Our goal is to teach low cost subsistence gardening & encourage healthy food & living.

8. PLEASE STATE WHY YOU BELIEVE IT WOULD BE IN THE "BEST INTEREST OF THE CITY" TO APPROVE YOUR PROPOSAL AND PROCESS YOUR APPLICATION.

A community garden fosters new & positive friendships with locals & builds community spirit. It also encourages healthy, outdoor activities that all are welcome to participate in. It provides a healthy, low-cost, sustainable food source option for individuals, employers encouraging well-being, & entities seeking to improve opportunities & services offered locally (i.e student education, food bank services)

9. CURRENT STATUS OF LAND. DESCRIBE ANY EXISTING IMPROVEMENTS, PROVIDE PHOTOGRAPHS IF POSSIBLE.

Garden plots laid out in 2016 are not well developed & delineated. For the first time since it's launch the community garden spots are FULLY occupied by recurrent members & NEW members. A small movable shed has been added to store garden tools/equip. Flowers, veggies, & herbs are successfully grown each year.

10. HAS APPLICANT PREVIOUSLY PURCHASED OR LEASED CITY LAND OR RESOURCES? XX YES NO. IF YES, PROVIDE LEGAL DESCRIPTION, TYPE OR PURCHASE OR LEASE, AND STATUS.

3 year CUP #16-01

11. IF APPLICANT IS A BUSINESS OPERATION, LIST PRESENT BUSINESS ACTIVITIES.

We are a non-profit (corporation) garden where items are
grown for private use & is not sold commercially.

12. IF REQUIRED, ARE YOU PREPARED TO SPEND FUNDS FOR THE FOLLOWING:

YES	NO	
<u> </u>	<u> X </u>	a) Performance bond
<u> X </u>	<u> </u>	b) Damage deposit
<u> </u>	<u> X </u>	c) General liability insurance
<u> </u>	<u> X </u>	d) Worker's compensation insurance
<u> </u>	<u> X </u>	e) Survey and platting
<u> </u>	<u> X </u>	f) Appraisal fee
<u> </u>	<u> X </u>	g) Closing fees, which may include title insurance, document preparation, escrow closing, and recording
<u> X </u>	<u> </u>	h) Any federal, state and local permits required
<u> X </u>	<u> </u>	I) Maintenance costs (present or future)

13. LIST THREE (3) CREDIT OR BUSINESS REFERENCES:

Name	Address	Phone #
<u>Providence Valdez Medical Center 911 Meals</u>		<u>907-835-2249</u>
<u>Valdez Food Bank</u>		
<u>Valdez Clinic. 1001 Meals , Valdez</u>		<u>907-835-4811</u>

14. HAS APPLICANT, OR AFFILIATED ENTITY, EVER FILED A PETITION FOR BANKRUPTCY, BEEN ADJUDGED BANKRUPT OR MADE AN ASSIGNMENT FOR THE BENEFIT OF CREDITORS?

No

15. IS APPLICANT, OR AFFILIATED ENTITY, NOW IN DEFAULT ON ANY OBLIGATION TO, OR SUBJECT TO ANY UNSATISFIED JUDGEMENT OF LIEN? YES XX NO IF YES, EXPLAIN:

COMPLETE THE FOLLOWING APPLICANT QUALIFICATION STATEMENT
FOR EACH INDIVIDUAL APPLICANT OR ORGANIZATION.
ATTACH ADDITIONAL STATEMENTS IF NEEDED.

APPLICANT QUALIFICATION STATEMENT

I, E. Jo Byrd, VCG President
(Individual Name)

I, Kristina Duffy, VCG Vice-President
(Individual Name)

I, E. Jo Byrd On Behalf of Valdez Community Garden
(Representative's Name) (Organization's Name)

PO Box 423 / Medical Park Subdivision
(Address)

Valdez, AK 99686
(City, State) (Zip)

do hereby swear and affirm for myself as applicant or as representative for the
organization noted above that:

The Applicant is a citizen of the United States, over the age of nineteen;
and

If a group, association or corporation, is authorized to conduct business
Under the laws of the State of Alaska; and


Has not failed to pay a deposit or payment due the City in relation to
City-owned real property in the previous five (5) years; and

Is not currently in breach or default on any contract or lease for real
Property transactions in which the City has an interest; and

Has not failed to perform under or is not in default of a contract with the
City; and

Is not delinquent in any tax payment to the City.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE
TO MY KNOWLEDGE.

 5/5/19
Applicant Signature Date

E. Jo Byrd
Print Name

 5/5/19
Applicant Signature Date

Kristina Duffy
Print Name