City of Fort Atkinson
City Manager's Office
101 N. Main Street
Fort Atkinson, WI 53538

CITY OF FORT ATKINSON
CAPITAL CATALYST REVOLVING LOAN FUND
COST RECOVERY AGREEMENT

The City of Fort Atkinson may retain the services of **professional consultants** (including economic development agents, underwriters, financial specialists, attorneys, and/or other experts) to assist in the City's review of a Capital Catalyst Revolving Loan Fund (CCRLF) application that may be scheduled for review and action by the Economic Development Commission and/or City Council. The submittal of an application by an Applicant shall be construed as an **agreement to pay for such professional services** applicable to the proposal or application. The City may apply reasonable charges for these services to the Applicant through invoices. The City may delay acceptance of the proposal or application as complete, or may delay final approval of the proposal, until the Applicant pays such fees. In the event invoices become delinquent, finance charges will accrue at 1% per month, 30 days after the due date. Review fees invoiced to the Applicant, which are not paid in a timely manner, may be assigned by the City as a special assessment to the subject property. The Applicant hereby waives any notice and hearing requirements provided in Wis. Stats. § 66.0701 or any additions or amendments to this section. The City will provide notice to the applicant of the need to hire a professional consultant.

The Applicant is required to provide the City with an executed copy of this Cost Recovery Agreement as part of the CCRLF application process. Applications are not considered complete and will not be considered by the Economic Development Commission without this executed Agreement.

Applicant Name:_____ Project Name:_____

Project Address:_____ Parcel Number:_____

Dated this _____ day of _____, 20____.

Agreement signed and entered into by:

The City of Fort Atkinson

_____
City Manager

Applicant Information:

Owner Name:_____

Owner Signature:_____

Address:_____

Phone Number:_____

Email Address:_____

Business Information (if different):

Business Name:_____

Bus. Agent Signature:_____

Address:_____

Phone Number:_____

Email Address:_____