

(To be completed by City Staff)

STAR Tracking #: 25-

CIF#:

Account Code: 302-

Cultural District:



Attachment A



City of Saint Paul, Minnesota 2025 Cultural Sales Tax Revitalization Program Capital Project Statement of Work

This document, and its attachments, will form the basis of the STAR Agreement between the City of Saint Paul and your organization.

Project Title: _____

Organization: _____

Fiscal Sponsor (if any) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Project Manager: _____

Phone: _____ Fax: _____

Email: _____

Federal ID No.: _____

City of Saint Paul Project Manager: _____

Phone: _____ Email: _____

Project Location: Please indicate the address and attach project map.

District Council: _____ Ward: _____

STAR Funds Awarded		\$
Any Additional Funds	+	\$
Total Project Cost (all funds)	=	\$

Note: These amounts should equal the totals in "Section 6. Cultural STAR Project Budget" on page A4

1. Project Summary: In the space provided, please summarize your project and **state specifically how STAR dollars will be used.**

2. Job Information Requirements: Certification of the number of jobs created, including information on demographics, salaries and job types must be documented annually. A Minnesota Business Assistance report may be required on economic development or job-creation projects assisted with \$25,000 or more of public dollars, or located in a tax-increment financing district.

The Saint Paul Living Wage ordinance requires payment of a designated Living Wage to be paid for jobs created by some projects receiving more than \$100,000. These must be documented annually until the listed number of jobs is reached.

Job Creation: If this project creates new jobs, please identify:

☐ NA # _____ Jobs Created \$ _____ Starting Salary

3. Residential Properties: Please identify the number and kind of properties that will benefit from this activity:

☐ N/A _____ #Single Family _____ #Owner Occupant _____ #Multi- Unit

4. Public Improvements: Please indicate all that apply:

☐ N/A _____ Streetscape _____ Park or Playground _____ Other Public Improvement
_____ Private Open Space _____ Commercial Renovation

5. Anticipated Timeline:

Time Period (Month / Year)	Activities to be Completed	Person Responsible
From: To:		
From: To:		
From: To:		

(Area Intentionally Left Blank)

6. Cultural STAR Project Budget: Please attach an itemized budget or contractors' estimates where applicable. Itemize use of STAR funds and any additional* funds for the entire project:

CATEGORY	STAR GRANT	ANY ADDITIONAL FUNDS	TOTAL PROJECT AMOUNT
Personnel (employee or contract)			
Artistic			
Administrative			
Acquisition			
Rehabilitation			
New Construction:			
Public Improvements			
Private Open Space Improvements			
**Direct Project Costs (provide details)			
Other (provide details)			
TOTALS			

Line Item Examples:

Acquisition:	Up to 20% of STAR funds may be used to either purchase property, an existing building or be used for direct project costs
Commercial/Housing Rehabilitation:	Improvements to an existing building
New Construction:	Additions, new structure
Public Improvements:	Minor streetscape improvements, playground equipment, park benches, signs, lighting etc.
Private Open Space Improvements:	Playground or community garden on private property

* List additional funds being used on this project that do not qualify as matching contributions (i.e., city grants received from CDBG, TIF, CIB or the HRA)

** Direct Project Costs (Soft Costs) - Up to 20% of STAR funds may be used for acquisition and/or soft costs (i.e. architect, engineering, legal and loan fees, closing costs, permits, licenses.) Soft costs do not include salaries, administration, marketing, or operating costs. Please itemize and describe soft costs.