



**Resident Curator Program
Fairfax County Historic Property**

Turner Farm

Curator Application



**Turner Farmhouse
10609 Georgetown Pike
Great Falls, Va. 22066
Owner: Fairfax County Park Authority**

**Park: Turner Farm Park
Dranesville Supervisory District**



RESIDENT CURATOR PROGRAM
INVITATION TO SUBMIT APPLICATION FOR CURATOR

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SECTION A: APPLICATION SUBMISSION

DUE DATE: before January 13, 2017

The County of Fairfax, Virginia ("County") and the Fairfax County Park Authority ("FCPA") invite interested parties to submit an application for the curator of:

Turner Farm
10609 Georgetown Pike
Great Falls, VA 22066
Turner Farm Park

Application Submittal Instructions

Submit five (5) copies of the completed Application by the due date to:

Fairfax County Park Authority
Resource Management Division
Attn: Denice Dressel, Resident Curator Project Manager
12055 Government Center Pkwy.
Fairfax, Virginia 22035-0000

(Include on the face of the envelope the property's name and address.)

Review of applications will begin upon expiration of the due date. Therefore, applicants are strongly advised to submit their applications on time to ensure consideration by the County and FCPA. The Invitation to Submit Application (ISA) consists of 25 pages. Applicants should examine the ISA and its table of contents to ensure that all pages are included. The County and FCPA assume no responsibility for an application submitted on the basis of an incomplete ISA package.

Applicants are expected to review all requirements and instructions and furnish all information required by this ISA. Failure to do so will be at the applicant's risk. The county and FCPA reserve the right to waive formalities in any application, and may, if they determine that such action is in the best interests of the County, select an application which does not conform in all details with the requirements of this ISA. Likewise, the county reserves the right to reject any and all applications.

This ISA does not commit the County to enter into any disposition of real property interest; or to pay any costs, including costs associated with any studies or designs, incurred by any party in the preparation and submission of an application.

A hard copy of this application can be obtained from the project manager upon request.

Applications will not be returned and will be retained in the records of FCPA subject to the Virginia Freedom of Information Act and the document retention policies of the Library of Virginia.

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Inquiries and Explanations

All inquiries concerning this ISA should be directed, in writing to:

Fairfax County Park Authority
Resource Management Division
Attn: Denice Dressel, Resident Curator Project Manager
12055 Government Center Pkwy.
Fairfax, Virginia 22035-0000
Denice.Dressel@Fairfaxcounty.gov
(703) 324-9569

Any explanation desired by an applicant regarding the meaning or interpretation of this ISA must be submitted and received in writing seven (7) business days prior to the application due date to allow sufficient time for a reply to reach the applicant prior to the submission of their application. Verbal explanations or instructions shall not be binding on FCPA or the county.

Application Instructions

Applications must follow the outline, supply all of the information requested below, and demonstrate the ability of the potential curator to undertake a challenging and complex assignment. Applications must be feasible and should reflect an understanding of the historic qualities of the property and their value. It is intended that the substance of an application, as approved by FCPA and the County, will be incorporated into all agreements. **A cover letter is required with all applications.**

Applications must include responses to all sections of this ISA. If a section does not apply, indicate “not applicable” in your response. Provide responses in the spaces provided and **attach additional sheets or documentation as necessary.**

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SECTION B: APPLICANT INFORMATION

List the names, addresses and telephone numbers of each individual applicant, or all principals, partners, members or shareholders. Attach additional sheets if necessary.

Applicant's Name		
Address		
City	State	Zip
Email		Telephone
Alternative Telephone Number		

Additional Applicant's Name, if applicable		
Address		
City	State	Zip
Email		Telephone
Alternative Telephone Number		

Additional Applicant's Name, if applicable		
Address		
City	State	Zip
Email		Telephone
Alternative Telephone Number		

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SECTION C: PROPOSED USE

Provide a narrative summary of the proposed use of this property. Be sure to describe how the proposed use is compatible with:

- The long-term preservation of the house and its associated cultural landscape;
- FCPA's mission and management of park;
- The surrounding neighborhoods;
- The historic value of the house; and
- The historic context and heritage associated with the park

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SECTION D: PUBLIC BENEFIT

The Resident Curator Enabling Legislation requires reasonable public access consistent with the property's nature and use. Describe the scope and nature of the public access, and any projects / programs / services that will fulfill this requirement.

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REHABILITATION AND MAINTENANCE PLAN SUMMARY

Curator terms are comprised of a Rehabilitation Phase and a Maintenance Phase. The Rehabilitation Phase involves the major improvements required by contract. The Maintenance Phase follows the Rehabilitation Phase for the term of the lease, and includes all routine maintenance of the property, as well as any major capital improvements necessary during the term of the lease.

SECTION E: REHABILITATION PHASE

Work Plan with General Schedule

Work Plan: Describe how the applicant will carry out the rehabilitation phase of the project, including the required improvements listed in Appendix: Treatment Plan and Appendix: Building Evaluation, in compliance with the Secretary of the Interior's Standards for the Treatment of Historic Properties, 36 CFR Part 68 (2013), as amended (See link on Appendix: Resources). Include a general schedule with milestones for improvements. The selected applicant for curator will develop a detailed schedule of improvements that will be included in the lease.

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Proposed Alternatives or Amendments to Required Improvements

Describe any proposed alternatives or amendments to the required improvements, found in Appendix: Treatment Plan and Appendix: Building Evaluation, and provide justification.

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Description and Documentation of Donations

Describe in detail all labor, material, or services proposed to be donated by any third party sources. Written commitments for such labor, material, or services must be provided as an attachment to the application.

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Sustainability

Describe any proposed historically appropriate, environmentally sustainable building technology and practices that will be used in the rehabilitation, maintenance, and/or operation of the property, in compliance with the Secretary of the Interior's Standards for Rehabilitation & Illustrated Guidelines for Rehabilitating Historic Buildings (See link on Appendix: Resource Page).

Accessibility

All proposed curators must comply with applicable requirements of the Americans with Disabilities Act. Describe how the required public access to, and rehabilitation, operation, and maintenance of the property will address the applicable accessibility regulations required by the Americans with Disabilities Act.

SECTION F: EXPERIENCE AND QUALIFICATIONS

Applicant's General Qualifications

Provide a narrative summary of the applicant's experience and qualifications to undertake, implement, and manage the rehabilitation, reuse and maintenance of the historic property. Include the applicant's resume or CV, and references to support such experience and qualifications. Supplemental material describing pertinent projects, including visual aids, is encouraged but not required.

The summary should include a list of all of the following actions which have become final in the three years prior to the application submission:

1. Willful violations, violations for failure to abate, or repeated violations, for which the applicant was cited by (a) the United States Occupational Safety and Health Administration; (b) the Virginia Occupational Safety and Health Administration; or (c) the occupational safety and health plan for any public jurisdiction; or
2. Three (3) or more serious construction safety violations for which the applicant was cited by the (a) United States Occupational Safety and Health Administration; or (b) the Virginia Occupational Safety and Health Administration; or (c) the occupational safety and health plan from any public jurisdiction.
3. Termination of a contract between the applicant and any public entity for safety violations.

If the applicant has not received or been the subject of any such violations referenced above in the three (3) years prior to the application submission, then the applicant shall so indicate by certification on the application.

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Applicant's Specialized Skill in Historic Preservation

Describe the applicant's specialized skills in historic preservation projects, including any relevant experience with the Secretary of the Interior's Standards for the Treatment of Historic Properties, 36 CFR Part 68 (2013), as amended (See link on Appendix: Resource Page).

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Professional Service Providers' General Qualifications

If available at this time, provide the professional qualifications and relevant work history of any professional service providers, contractors or subcontractors, involved in rehabilitation and/or maintenance phases of the curator including, but not limited to architects, general contractors, and subcontractors such as plumbers, electricians, etc.

The list of professional qualifications and relevant work history of any such providers, contractors or subcontractors shall include a list of all of the following actions which have become final in the three years prior to the application submission:

1. Willful violations, violations for failure to abate, or repeated violations, for which the provider, contractor or subcontractor was cited by (a) the United States Occupational Safety and Health Administration; (b) the Virginia Occupational Safety and Health Administration; or (c) the occupational safety and health plan for any public jurisdiction; or
2. Three (3) or more serious construction safety violations for which the provider, contractor or subcontractor was cited by the (a) United States Occupational Safety and Health Administration; or (b) the Virginia Occupational Safety and Health Administration; or (c) the occupational safety and health plan from any public jurisdiction.
3. Termination of a contract between the provider, contractor or subcontractor and any public entity for safety violations.

For each provider, contractor or subcontractor that has not received or been the subject of any such violations referenced above in the three (3) years prior to the application submission, then the applicant shall so indicate by certification on the application.

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Professional Service Providers' Qualifications in Historic Preservation

If available at this time, provide the professional qualifications and relevant work history of any professional service providers, contractors or subcontractors, involved in the rehabilitation and/or maintenance phases of the curator including, but not limited to architects, general contractors, and subcontractors such as plumbers, electricians, etc. pertaining to the Secretary of the Interior's Standards for the Treatment of Historic Properties, 36 CFR Part 68 (2013), as amended (See link on Appendix: Resource Page).

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SECTION G: ESTIMATED PROJECT COSTS

Use the table below to summarize proposed expected costs (Attach more detailed breakdowns if desired).

PROJECT COSTS BUDGET		
Cost Category	Amount	Total Amount
Hard Costs		
General Conditions (mobilization, temporary facilities)		
Site Work		
Excavation		
Foundation		
Demolition		
Superstructure		
Floor Structure		
Roof Structure & Cover		
Doors & Windows		
Interior Construction		
Plumbing		
HVAC		
Electrical		
Sprinklers		
Conveying Systems (if applicable)		
Utility Upgrades (electrical, water, sanitary)		
HAZMAT Abatement		
Specialties		
Clean up		
Miscellaneous		
Construction Contingency (_____ %)		
Soft Costs		
Architectural Fees		
Engineering Fees		
Third party HAZMAT inspection, testing, and monitoring		
Other Design Fees		
Commissioning HVAC, sanitation systems		
Construction Period Interest		
Other Financing Fees		
Other Consulting Fees		
Permits and Licenses		
Construction Administration fees		
Other Soft Costs		
Design Contingency (_____ %)		
Other Project Costs		
TOTAL PROJECT COSTS		

SECTION H: MAINTENANCE PHASE EXPENSES

The Maintenance Phase follows the Rehabilitation Phase for the term of the lease, and includes all routine maintenance of the property, as well as any major capital improvements necessary during the term of the lease.

The cost of ongoing maintenance of the property will be factored into the calculation of lease length (assuming all required maintenance tasks are being performed according to the guidelines established in Appendix: Maintenance Guidelines and Checklist). An additional annual amount will be factored into this calculation, to recognize the value of the occupation and management of the property (utilities, fees, any applicable taxes, etc.).

*Estimated Annual Maintenance Costs

Including, but not limited to: grounds maintenance, gutter cleaning, roof repairs/replacement, repointing, maintaining/replacing mechanical systems, etc. (See Appendix: Maintenance Guidelines and Checklist)

2013 Historic Replacement Value	Multiply the Historical Replacement Value by 1%	Total Annual Maintenance Expense Allowance
\$1,597,000	1%	\$15,970

*Estimated Annual Occupancy/Management Costs

For example: utilities, additional required liability insurance, legal fees, public benefit component, pro-rated property taxes, etc.

Utilities	\$1,935
Real Estate Taxes (prorated for 30yr lease, 60% of estimated taxes, 'as is' condition)	\$3,531
Other Miscellaneous Expenses	\$746
Total Estimated Annual Occupancy and Management Costs	\$6,212

Total Estimated Annual Maintenance Phase Costs

Annual Estimated Maintenance Costs	\$15,970
Total Estimated Annual Occupancy and Management Costs	\$ 6,212
Total Estimated Annual Maintenance Phase Costs	\$22,182

*Estimated costs are for the Turner Farmhouse only.

SECTION I: LEASE TERM

According to the Curator Program's Enabling Legislation, FCPA must establish a Fair Market Rental Value (FMRV) for the property. For the purposes of this solicitation, FCPA is establishing a rent value of **\$33,600** per annum for the length of the base term, as determined by an independent appraiser. This FMRV applies to residential use only. Proposed uses other than residential would require a re-evaluation of the Fair Market Rental Value. The length of the lease term will be determined based upon the following:

- Annual Fair Market Rental Value (FMRV)
- Rehabilitation Project Costs
- Estimated Annual Maintenance Costs: Including, but not limited to: grounds maintenance, gutter cleaning, roof repairs/replacement, repointing, maintaining/replacing mechanical systems, etc. (See Appendix: Maintenance Guidelines and Checklist)
- Estimated Annual Occupancy and Management Costs: includes utilities, insurance, legal fees, public benefit component; prorated property taxes, etc.

Formula for Estimating

Annual Fair Market Rental Value *minus* Annual Estimated Maintenance Costs *minus* Estimated Annual Occupancy and Management Costs *equals* Adjusted Annual Fair Market Rental Value.

Total Rehabilitation Project Costs *divided by* Adjusted Annual Fair Market Rental Value *equals* Estimated Lease Term, in years.

	Annual	Total
Rehabilitation Project Costs Provided by Applicant (Total Project Costs, see Section G)		\$
Annual Fair Market Rental Value (FMRV)	\$33,600	
Estimated Annual Maintenance Costs (see Section H)	(\$15,970)	
Estimated Annual Occupancy & Management Costs (see Section H)	(\$ 6,212)	
Adjusted Annual FMRV	\$11,418	
Rehabilitation Project Costs /Adjusted FMRV = Estimated Length of Lease, or Lease Term, in years		

Insert the estimated cost of your rehabilitation plan into this formula and state the estimated lease term. Please describe any considerations that you wish for FCPA to make in the negotiation of the lease term.

Estimated Lease Term, in years _____

In all cases, the lease term will be less than 30 years

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SECTION J: FINANCING PLAN

This section is used to determine the financial viability of the application. Applicants should redact social security numbers, account numbers, and other sensitive identification information when submitting their application. Please provide the following information:

Narrative Statement of Financial Capacity

Describe how the applicant intends to finance the rehabilitation, reuse, and ongoing maintenance of the property. Specifically, describe how each of the following will be financed:

- all of the pertinent tasks listed in Appendix: Treatment Plan and Appendix: Building Evaluation
- any proposed alternate tasks as described in [Section E: Proposed Alternatives or Amendments to Required Improvements](#) not listed in Appendix: Treatment Plan and Appendix: Building Evaluation
- any additional proposed improvements described in [Section E: Proposed Alternatives or Amendments to Required Improvements](#)
- all future maintenance costs (See [Section H: Estimated Annual Maintenance Costs](#), and Appendix: Maintenance Guidelines and Checklist)
- all management costs related to proposed reuse including utilities, insurance, legal costs, fees, contingencies, etc. (See [Section H: Estimated Annual Occupancy/Management Costs](#))

Applicants should be advised that depending on the applicant's financial capability, the proposed use and other considerations, the lease agreement may require that the applicant deliver maintenance, performance and/or payment bonds, or letters of credit in connection with the rehabilitation and maintenance of the property in forms and amounts satisfactory to the county and FCPA.

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Personal Financial Statement

Complete this form for each applicant, principals, partners, members or shareholders listed in [Section B](#)
 List only those assets you want to be considered in this personal financial statement.

Name		Business Phone	
Address		Residence Phone	
City, State, & Zip Code			
ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Available cash	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Subsection 2)	\$
IRA or Other Retirement Account	\$		
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only (Complete Subsection 8)	\$	M.o. Payments	\$
		Installment Account (Other)	\$
Stocks and Bonds (Describe in Subsection 3)	\$	M.o. Payments	\$
		Loan on Life Insurance	\$
Real Estate (Describe in Subsection 4)	\$	Mortgages on Real Estate or Rent listed per month(Describe in Subsection 4)	\$
Automobile-Present Value	\$	Unpaid Taxes (Describe in Subsection 6)	\$
Other Personal Property (Describe in Subsection 5)	\$	All other Liabilities such as liens, judgments, loans, and other debt (Describe in Subsection 7)	\$
Other Assets (Describe in Subsection 5)	\$		
Total	\$	Net Worth	\$
Subsection 1. Source of Income		Total	
		\$	
Subsection 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-signer	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Other contingent liabilities not listed.	\$
Other Income (Describe below)*	\$		\$

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Description of Other Income in Subsection 1.* Source	Annual Income Amount

*NOTE: Alimony payments do not need to be disclosed in "Other Income" unless it is desired to have such payments counted toward total income. If such payments are disclosed, the conditions and length of those payments must also be disclosed. Child support payments should not be disclosed or calculated toward total income.

Subsection 2: Loans Payable to Banks and Others
 List loans, mortgages, credit card accounts, and other indebtedness. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral if applicable.

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Subsection 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Subsection 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name of Mortgage Holder			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Subsection 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms payment and if delinquent, describe delinquency)

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Subsection 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.

Subsection 7. Other Liabilities including all alimony and child support payments owed. (Describe in detail.)

Subsection 8. Life Insurance Held. (Give face amount and cash surrender value of policies - and name of insurance company

Complete and Return IRS Form 4506-T, Request for Transcript of Tax Return

<https://www.irs.gov/pub/irs-pdf/f4506t.pdf>, for each applicant or corporate entity listed in [Section B](#), for the previous three (3) years.

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Estimated Funding Sources

Detail the projected funding sources. Documentation supporting each funding source should be attached to the application, including formal written commitments for any donated funding, labor, materials, or services from the party making the donation.

Equity (note sources below)	\$
	\$
	\$
	\$
Financing (note sources below)	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Other Sources(note sources below)	\$
	\$
	\$
	\$
TOTAL PROJECTED FUNDING:	\$
TOTAL ESTIMATED PROJECT COSTS (from Section G)	\$

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Bank References

Lending Institution	Name of Lender	Address	Phone

Bankruptcy Disclosure

If the applicant or any affiliated business entity of the applicant or any of the entity's officers, principal, or investors has been adjudged bankrupt, either voluntarily or involuntarily, within the last ten years, please note the date and the judgment, the Court where the judgment was taken, and the names of all debtors joined in the bankruptcy petition.

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SECTION K: ORGANIZATIONAL STRUCTURE (IF APPLICABLE)

If the Applicant is acting officially on behalf of an organization, please describe fully the nature of the organization, including:

The Legal Structure and IRS Designation of Organization: (Corporation, LLC, JV, LP, 501(c), etc.)

Nature of the Organization's Business

The Legal History of the Organization

Attach a copy of all incorporating documents, including articles of incorporation, by-laws, operating agreements, trust agreements, etc.

Certificate of Good Standing

Attach Certificate of Good Standing (Corporation) or a Certificate of Fact of Existence (LLC)

If Applicant's proposal contemplates operating a business at the property, please note the following requirements:

License Requirement

All firms doing business in Fairfax County shall obtain a license as required by Chapter 4, Article 7.2, of The Code of the Fairfax County, Virginia, as amended, entitled "Business, Professional and Occupational Licensing (BPOL) Tax." Questions concerning the BPOL Tax should be directed to the Department of Tax Administration, telephone (703) 222 8234 or visit: http://www.fairfaxcounty.gov/dta/business_tax.htm.

Registering Of Corporations:

In accordance with Virginia Code Section 13.1 758, any foreign corporation transacting business in Virginia shall secure a certificate of authority as required by Section 13.1-757 of the Code of Virginia, as amended, from the State Corporation Commission, Post Office Box 1197, Richmond, Virginia 23209.

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SECTION L: CERTIFICATIONS

I, _____, do hereby state that I am an
(Your name here)

(Check one)

<input type="checkbox"/>	Applicant
<input type="checkbox"/>	Applicant's authorized agent

and that, to the best of my knowledge and belief, all of the above responses and information are true and accurate and that the information contained in this application is complete, that all individual applicants, and all principals, partners, members or shareholders of the applicant and all business entities involved in the proposed curator have been listed above, and that prior to the negotiation of any lease and execution of any lease, I will reexamine this certification and provide any changed or supplemental information, including business or financial relationships of the type described above, that arise on or after the date of this application.

Signed under the penalties of perjury.

SIGNATURE _____
DATE

I hereby certify that I have filed all state tax returns, have paid all state taxes required under law, and am not in arrears to the County of Fairfax on debt or contract, am not a defaulter on surety to the County of Fairfax and my County taxes and/or assessments are not delinquent.

Signed under the penalties of perjury on this _____ day of _____ 20____

SIGNATURE _____
FEDERAL TAX ID NO.

The undersigned also acknowledges and states that none of the individuals listed in [Section B: Applicant Information](#) have participated in the capacity of an officer or employee of the Fairfax County Government in the evaluation process of the Curator Application or Lease Transaction.

Signed under the pains and penalties of perjury.

SIGNATURE _____
DATE