



THE CITY OF MADRAS

City of Madras

Application Form – Downtown Sidewalk Grant Program

Date: _____

Owner/Applicant Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Project Location Address: _____

Adjacent Business Name(s)
and Address(es): _____

Project Description
(replacement or repair work): _____

Probable Cause of Sidewalk
Damage: _____

Project Size (square feet): _____ Estimated Cost: \$ _____

Program Funds Requested: \$ _____ Contractor Bids (3) (attach): Contractor:
_____ Bid Amount: \$ _____ Contractor: _____ Bid Amount: \$ _____
Contractor: _____ Bid Amount: \$ _____

Required for Application Submittal

- Right of Way Permit Tree Permit
- Applicant/Owner Business License No. _____

Applicant Certification

The undersigned applicant agrees, declares, and certifies under penalty of perjury as follows: (a) applicant is the legal owner of the property where the proposed sidewalk replacement or repairs will occur and has all requisite power and authority to sign and submit this application; (b) all information contained in this application (and any accompanying materials) is true, accurate, and complete; (c) applicant has read, understands, and agrees to comply with the terms and conditions of the Downtown Sidewalk Grant Program, including, without limitation, those contained in City of Madras Resolution No. 2015-13, as amended.

Applicant Signature: _____ Date: _____

Applications must be scanned and emailed to mquinn@ci.madras.or.us or hand delivered or mailed to Public Works Department, City of Madras, 125 SW "E" Street, Madras, Oregon 97741.

FOR OFFICE USE ONLY		
Approved By: _____	Date: _____	Amount: _____
Receipt No. Right of Way Permit _____		



**City of Madras
Reimbursement Request Form – Downtown Sidewalk Grant Program**

Date: _____

Owner/Applicant Name: _____
 Mailing Address: _____
 Telephone Number: _____
 Email Address: _____
 Project Location Address: _____
 Contractor Selected: _____
 Date(s) Sidewalk Replacement
 or Repairs Completed: _____
 Actual Cost to Perform
 Sidewalk Replacement or Repairs: \$ _____ (attach actual contractor invoice)
 Program Funds Requested: \$ _____ (subject to applicable funding limitations)

Applicant Certification

The undersigned applicant agrees, declares, and certifies under penalty of perjury as follows: (a) applicant is the legal owner of the property where the sidewalk replacement or repairs were completed and has all requisite power and authority to sign and submit this reimbursement form; (b) all information contained in this reimbursement form (and any accompanying materials) is true, accurate, and complete; (c) applicant has read, understands, and agrees to comply with the terms and conditions of the Downtown Sidewalk Grant Program, including, without limitation, those contained in City of Madras Resolution No. 2015-13, as amended; (d) all sidewalk replacement and/or repair work has been completed in compliance with all applicable terms and conditions of the Downtown Sidewalk Grant Program, including, without limitation, those contained in City of Madras Resolution No. 2015-13, as amended..

Signature: _____ Date: _____

Reimbursement forms must be scanned and emailed to mquinn@ci.madras.or.us or hand delivered or mailed to Public Works Department, City of Madras, 125 SW "E" Street, Madras, Oregon 97741.

FOR OFFICE USE ONLY	
Date Reimbursement Form Received: _____ Date Application Approved: _____ City Employee Approving Application: _____ Date Sidewalk Replacement or Repairs Inspected: _____ Was the Replacement or Repairs Work Completed Satisfactory: _____ City Employee Inspecting Work: _____	Program Funds Requested: \$ _____ Program Funds Approved: \$ _____ Contractor Invoice Amount: \$ _____
Authorized for Payment: By: _____ Date: _____ Amount: GL Code: _____	