



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 construction/reconstruction or addition of ADA ramps 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. 07-2017, 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 _____		



THE CITY OF MADRAS

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 construction/reconstruction or addition of ADA ramps 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. 07-2017, 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. 07-2017, 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: _____