



Sidewalk Replacement Grant Program Application

Sidewalk Permit Number: _____ Date of Grant Application: _____

Section 1: Applicant to complete. Applicant must be property owner of the job site address / location.

Applicant Name: _____

Applicant Address: _____

Phone Number: _____

Email: _____

Job Site Address /

Location: _____

Description of Work to

be Completed: _____

Completion Date: _____

Tree involved: _____

Yes

No

Number of Panels: _____

Tree removed: _____

Yes

No

1. Complete an IRS Form W-9. This must be returned to the City before any funds are released to the applicant. The applicant will receive an IRS Form 1099-G by the end of January following the year in which the funds were disbursed to the applicant. The grant is reportable to the IRS. The applicant is responsible for any tax based on the individual circumstances of the applicant. Acknowledged by Applicant

2. Upon completion of the sidewalk replacement and this form and approval by the Public Works Director, a grant check will be prepared within 5 days and either be available for pickup or mailed to the applicant.

Expedited payment can be accommodated upon request.

Acknowledged by Applicant

3. Applicant agrees they can pay for the work out of pocket as the Sidewalk Replacement Assistance Program is an assistance program created as a cost reimbursement.

Acknowledged by Applicant

4. Reimbursement subject to program funds available at application approval. Acknowledged by Applicant

Applicant's Signature: _____

Section 2: Inspection – City to Complete.

Date of Permit Issuance: _____		Date of Reimbursement Inspection: _____
Date of Permit Completion: _____		Number of Panels: _____
Street Tree Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Inspector Name: _____

Section 3: Reimbursement and Eligibility – City to Complete.

Number of Sites: _____	Reimbursement per Site: _____
Maximum Allowed Reimbursement: _____	Total of Reimbursement: _____

Eligibility: Receipt provided Permit provided Ownership Proof provided

Reviewer Name: _____ Reviewer Signature: _____

Approved Denied Date sent to Finance for payment: _____

Reason for Denial (if applicable): _____

Section 4: Program Criteria – City to Complete.

Application complete <input type="checkbox"/>	Site never received grant <input type="checkbox"/>	No grant issued last calendar year <input type="checkbox"/>
Dimensioned site plan <input type="checkbox"/>	Evidence of tree involved <input type="checkbox"/>	2 bids or self-performed estimate <input type="checkbox"/>
W-9 provided <input type="checkbox"/>	Replacement not grinding <input type="checkbox"/>	Applicant is owner during work <input type="checkbox"/>
Lookback <input type="checkbox"/> or New <input type="checkbox"/>	Street tree removed <input type="checkbox"/>	Receipt for work or equip./materials <input type="checkbox"/>
120-day deadline met <input type="checkbox"/>	Street tree permit issued <input type="checkbox"/>	Grant reduction beyond 150 days <input type="checkbox"/>
30-day ext. granted <input type="checkbox"/>	Addt'l time ext. granted <input type="checkbox"/>	Sidewalk permit completed to stds <input type="checkbox"/>

Receipt items to be removed from total:

Extended root removal <input type="checkbox"/>	Sidewalk beyond tree lifted <input type="checkbox"/>
Wider repair than exist sidewalk <input type="checkbox"/>	Tree replanting <input type="checkbox"/>
Landscaping <input type="checkbox"/>	Damaged irrigation <input type="checkbox"/>

P:\PublicWorks\Division Folders\Engineering Development Services\Permits\PST Public Street\Sidewalk Reimbursement Program