

City of Marcus
222 North Main Street PO Box 542
Marcus, IA 51035
(712) 376-4715 Fax: (712) 376-2055
Email: marcus@midlands.net

**APPLICATION FOR MARCUS
SIGNAGE INCENTIVE GRANT PROGRAM**

All requirements, terms and conditions as defined in the Marcus Signage Incentive Grant Program Application and instructions dated _____ shall apply.

Name of Applicant and Project: _____

Address of Applicant: _____

Contact phone number of Applicant: _____

Email address of Applicant: _____

Address of Work: _____

Owner of address where work will be performed: _____

Type of work (itemized with documented cost proposal, photographs, plans, paint color samples, etc.) to be completed:

Total cost of work to be completed: _____

Amount of funding requested to complete work: _____

I understand that in order for my request for matching funds be approved, I must agree to work with and follow the recommendations of the Marcus Authority. I also understand that the funds are granted on a reimbursement basis, by submitting copies of all paid receipts for work completed. Improvements or changes not approved by the Marcus Authority will not be funded. I agree to the terms and conditions of this grant. Work not already completed will begin within thirty (30) days of notification of award and completed a maximum of ninety (90) days later. Work will commence by _____ and will be completed by _____.

Signature of Applicant: _____ Date: _____

I, _____, OWNER OF ABOVE LISTED PROPERTY, CONSENT TO THE SIGNAGE WORK DESCRIBED IN THIS APPLICATION.

Signature of Owner (if different from Applicant) consenting to work on said property:

_____ Date: _____

Approval of Marcus Authority:

Chairman Date

Amount of Funds approved by Marcus Authority:

CITY OFFICE USE ONLY

Received by: _____ **Date:** _____

Application Deemed Complete: _____

Meeting Date: _____

Approved for Concept: _____ **Denied:** _____

Project Approval: _____ **Denied:** _____
