



50/50 Façade Improvement Program Application

Please provide information on your proposed project in as much detail as possible. Your signature below indicates your or your firms' intent to apply for matching grant assistance funding and that you have read and understand the program description.

Applicant(s) Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Property Owner(s): _____

Project Location: _____

Scope of work to be undertaken (can attach contractor estimates, if available):

Describe the positive impacts your project will bring to Marshfield:

Total cost of project improvements: _____

Amount of matching grant assistance requested: _____

Number of commercial tenant spaces within the building and square footage of each:

Number of residential tenant spaces within the building and the square footage of each:

Estimated timeframe for project completion: _____

Should your project exceed your estimated project cost, do you have the working capital to complete the project in its entirety? _____

Additional Information – REQUIRED

The following materials will need to accompany your application in order to be considered for matching grant assistance funding:

- If you are not the property owner, a signed letter from the property owner must accompany this application acknowledging their consent and understanding of the proposed project.
- Complete detailed list of project revenues and expenses.
- Two bids from qualified contractors detailing the cost of the work to be done.
- Drawings detailing all of the work to be completed as part of the project.
- A description/sample of project materials and colors.
- Proof of insurance.
- Must be current on all real estate and personal property taxes.
- No outstanding amounts owed to the City of Marshfield.

This program is intended to finance high-quality improvements that will improve the appearance and character of downtown Marshfield. The program is not intended to finance routine repairs or maintenance that would be required under existing building codes or that does not contribute to the character of downtown Marshfield.

I certify that the information contained within, and attached hereto, this application is correct and accurate to the best of my knowledge.

Signature of Applicant

Date

***Complete applications and all supporting documents are to be delivered to Main Street Marshfield, Inc.**

**Main Street Marshfield, Inc.
139 South Central Avenue
Marshfield, WI 54449
(715) 387-3299**