



**50/50 Façade and Building Improvement Program Application for 2020**

*Please provide information on your proposed project in as much detail as possible.*

Project Type:

Façade

Interior Conversion - Apartment

Building Addition

Interior Conversion – Eating & Drinking Establishment

Applicant(s) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Project Location: \_\_\_\_\_

Scope of work to be undertaken (Please attach itemized contractor estimates):

Describe the positive impacts your project will bring to Marshfield:

Total Cost: \_\_\_\_\_ Cost of Eligible Improvements: \_\_\_\_\_

Amount of matching grant assistance requested: \_\_\_\_\_

*(may not exceed 50% of eligible costs; \$15,000 cap for façade and interior projects)*

Interior Renovation Square Footage: \_\_\_\_\_

Number of Residential Tenant Spaces \_\_\_\_\_ Square Footage of Each \_\_\_\_\_

Estimated Date of Project Completion: \_\_\_\_\_

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

List all land uses on the subject property: \_\_\_\_\_

**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.
- Itemized bids/estimates 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.

**The applicant shall obtain all necessary permits and approvals prior to commencing any work. All required inspections must be completed and approved by the required officials. All submitted documents are property of the City.**

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. The program description can be found on the City's website: [2020 Downtown Façade Improvement Program](#). You 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.  
222 South Central Avenue, Suite 1G  
Marshfield, WI 54449  
(715) 387-3299**