



**CITY OF SAN PABLO  
SIGN REIMBURSEMENT GRANT PROGRAM  
APPLICATION FORM**

**1. Applicant's Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip, \_\_\_\_\_

**2. Building for which the grant is sought:**

Street Address: \_\_\_\_\_

Applicant is: Owner or Tenant (circle one)

If tenant, what is term of lease? \_\_\_\_\_

**3. Total Signage Cost:**

\$ \_\_\_\_\_

**4. Statement of Understanding.**

**A.** The applicant (undersigned) agrees to comply with the guidelines and procedures of the Signage Grant Program.

**B.** The applicant understands that the applicant must submit, detailed cost documentation, copies of building permits, bids, contracts and invoices and contractor's final waivers of lien upon completion of the approved improvements.

**C.** The applicant understands that the program works on a reimbursement basis, and that only after the full amount of the sign is paid for by the applicant does the City reimburse the applicant up to 50 percent of the sign cost, or \$ 2,500, whichever is less.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If the applicant is a tenant, contractor or the owner's representative, the following line must be completed:

I certify that I, the owner of the property at do authorize the applicant to apply for a Reimbursement under the Signage Reimbursement Program and undertake the approved signage improvements.

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADDITIONAL REQUIREMENTS**

**Equal Employment Opportunity.** The grantee shall comply with all applicable provisions of state and federal statutes and regulations concerning equal employment opportunities and payment of required wages for persons engaged in rehabilitation work undertaken in connection with this program assistance.

**Records.** The grantee shall keep such records as may be required by the City in connection with the work to be assisted.

**Reimbursement.** Grantees receive disbursement after project completion or as progress payments, approval of City inspections, and submittal of copies of paid invoices, cancelled checks or other proof of payment for approved work to City of San Pablo staff.

**Non-Discrimination.** The grantee shall not discriminate upon the basis of race, color, sex, marital status, disability, religion or national origin in the sale, lease, rental, use or occupancy of the property to be assisted.

**Interest of Public Body.** The grantee shall allow no member of the governing body of the City of San Pablo and no employee of the City of San Pablo to have any interest, direct or indirect, in the grant funds or in any contract entered into by the grantee for the performance of work financed, in whole or in part, with the grant funds.

Return both pages of this application to:

Project Manager  
Signage Reimbursement Grant Program  
One Alvarado Square  
San Pablo, CA 94806  
(510) 215-3002

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ Grant Approved: Date \_\_\_\_\_

Total Estimated Project Cost: \_\_\_\_\_ Percent Applied Grant Total: \_\_\_\_\_

Amount of Grant: \_\_\_\_\_

Grant Denied: Date: \_\_\_\_\_

Reason: \_\_\_\_\_