



KIEL BUSINESS IMPROVEMENT DISTRICT SIGN GRANT PROGRAM

Step 1

Contact the Clerk's office at (920) 894-2909 to process all documents in an appropriate and timely manner. Documents may be dropped off or mailed to Kiel City Hall, Attn: BID Board, PO Box 98, Kiel, WI 53042. The grant request will be reviewed by the BID board on a rolling basis subject to availability of funds.

Step 2

Prepare the following materials for submission. This material must be submitted for approval.

1. Blueprints, drawings or a rendering of the planned sign work.
2. List of materials to be used for the signage work.
3. Detailed breakdown of the cost of work upon completion.

Step 3

Complete the approved signage work. Be sure to keep all invoices, as copies will be needed by the BID board in order to verify completion of the work.

Step 4

Upon completion of the work, return copies of all invoices and a color photo of the completed sign work to Kiel City Hall, Attn: BID Board, PO Box 98, Kiel, WI 53042.

Grants will be dispersed in a timely manner. Payment will be sent to the address on the application unless other arrangements are made.

Qualified signage grants are eligible for 50% of total costs up to \$1,500. MAXIMUM grant of \$750.



**KIEL BUSINESS IMPROVEMENT DISTRICT
SIGN GRANT PROGRAM**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS: _____

CONTACT PERSON: _____

PHONE: _____

EMAIL: _____

- Attach a COLOR blueprint, drawings or renderings of the proposed project.
- List of materials to be used for the signage work.
- Attach estimate from your provided / supplier. This is for BID budgeting purposes only. Your final grant will be based upon the actual costs according to the receipts that must be provided after the project is complete.
- Proposed completion date: _____

• SIGN

- What material will the sign be made of? _____
- What are the dimensions of the proposed sign?
 - Height _____
 - Width _____
 - Depth _____
- Will the sign be lit? Front ____ Back ____
 - If so, how _____

Office use only

Date Received: _____ Approval Date: _____

Amount Approved: _____ Date Reimbursed: _____

Building Permit Number: _____