

SAN MATEO COUNTY BICYCLE PARKING REIMBURSEMENT PROGRAM APPLICATION

Applicant

Organization Name _____ Primary Contact _____
Address _____ Phone _____
City, Zip Code _____ Email _____

Installation Location

Installation Address _____ City, Zip Code _____

Project Description

Make/Model of Units _____ Number of Units _____
Capacity of Each Unit _____ Installation Date _____

Project Description

Describe Any Existing Bicycle Parking _____

Describe Public Accessibility _____

Additional Comments _____

By submitting this application, I agree to the below statements and certify that to the best of my knowledge, the information contained in this application and in any documentation accompanying this application or submitted in furtherance of this application is true and accurate and I Understand that any misstatements or omissions of material facts may disqualify this application and any monies awarded based on it.

I certify that:

- I have read and understand the Program Rules
- This application is for evaluation purposes and does not guarantee reimbursement
- This application is for bicycle parking units that haven't already been funded by and are not currently under consideration for funding by any public agency

I have the legal authority to apply for this reimbursement on behalf of the applicant entity and I am authorized to sign this application on behalf of applicant entity

Signature

Date

Print Name

Title