



**MARANA JOB CREATION INCENTIVE PROGRAM (MJCIP)
REQUEST FOR REIMBURSEMENT**

NOTE: Requests for reimbursement must be received within three years after receiving a Certificate of Occupancy (C of O) from the Town of Marana. Documentation of all expenses for which reimbursement is requested must be attached to this form. Reimbursement requests should be submitted not more than monthly.

APPLICANT INFORMATION

Company Name: _____ Date of Request: _____
Contact Person: _____ Phone: _____
Address: _____ City: _____
State: _____ ZIP: _____ Email: _____

REIMBURSEMENT INFORMATION

For which element(s) of the MJCIP are you requesting reimbursement (check all that apply)?

I-10 Corridor/Main Arterial Beautification

Other (please list below)

Student Internship/Training Costs

Public Infrastructure/Impact Fees

Please provide a brief description of the items for which you are requesting reimbursement (attach additional sheet if necessary):

Student Internship/Training Costs: \$ _____

I-10 Corridor & Main Arterial Beautification: \$ _____

Public Infrastructure/Impact Fees: \$ _____

Other (please list items and amounts):



Please attach appropriate documentation of expenses incurred for each reimbursement request. All documents will remain confidential. The following documents are requested for reimbursement requests associated with each MJCIP element:

Interstate 10 Corridor/Main Arterial Beautification

- Receipts showing construction work performed, including landscaping, façade renovations, new or updated signage, etc., on area visible from Interstate 10 and/or a Main Arterial street

Student Internship/Training Costs

- Payroll report/statement showing wages paid to internship participants
- Receipts showing goods and/or services purchased as part of an internship/training program

Public Infrastructure/Impact Fees

- Actual costs/receipts associated with public infrastructure and/or impact fees

Other Items

- Actual costs/receipts associated with items previously approved by the Town of Marana

TOWN OF MARANA STAFF USE ONLY

Total Reimbursement Approved: \$_____

Approved By:

Town Manager Date

Town Attorney Date

Finance Director Date

Economic Development Date