



PUBLIC WORKS ENGINEERING

Engineering P: (913) 573-5311
701 North 7th Street, 712 F: (913) 573-5766
Kansas City, KS 66101 E: info@wycokck.org

Sidewalk & Curb Replacement Incentive Program Policy

Program Elements

- Reimburse contractor approximately 50% of the average cost for sidewalk and/or curb removal/replacement and replacement for permitted and inspected work.
- The County Engineer, or his or her designee, will determine the reimbursement rate according to current market rates for sidewalk and/or curb replacement.
- Reimbursement amount may be adjusted annually to balance demand for this program and to reflect changing construction costs.
- Program will be funded as a separate line item in the annual budget.
- Reimbursement is limited to extent of annual funds available on a first-come, first serve basis.
- Funds will be allocated equally to residential properties in each of the eight commission districts until July 1, 2012, and each year after. After July 1, all uncommitted funds will be available for any eligible location in the city.
- Any funds still available September 1 may be used on a first-come, first served basis for sidewalk & curb removal and replacement for properties adjacent to UG facilities, parks, schools, or nonprofit 501(c)(3) organizations.
- The Unified Government, upon review and approval of the project invoice, will strive to reimburse the contractors within thirty (30) days from the submission of all required paperwork.

Quality Controls

To be eligible for reimbursement all of the following must occur

- Application must be approved by the County Engineer or his or her designee prior to the commencement of any work.
- Application must contain estimate area of repair and/or replacement & estimated cost per square foot in the form of a quote or bid from a qualified contractor.
- A Right-of-Way Use permit must be obtained.
- UG staff will perform initial site inspection during which area of removal are marked and photos taken. UG staff will also perform a form inspection and final inspection with photos.
- It is the responsibility of the applicant or their contractor to coordinate the necessary inspections.
- Materials and workmanship must comply with Kansas City, Kansas construction standards.

Eligibility

- Eligible work is the replacement of sidewalk and/or curb in the right-of-way parallel to the street for repair of trip hazard or cosmetic.
- **Property must not be delinquent for taxes.**
- Only existing Kansas City, Kansas properties with existing sidewalk and/or curb are eligible.
- Brick or specialty concrete will be reimbursed at the same rate as concrete walk.



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Sidewalk & Curb Rehabilitation Incentive Program Application

I, _____, have applied for application for the Unified Government’s Sidewalk & Curb Rehabilitation Incentive Program for the following location: _____.

I understand that the reimbursement rate will be targeted to cover the approximate percentage as set out in the Sidewalk & Curb Rehabilitation Incentive Program Policy.

I also understand to be eligible for reimbursement that the following must occur:

- Complete and receive application approval prior to the commencement of any work.
- Obtain a right-of-way use permit.
- Coordinate the necessary inspections by Unified Government staff.
- All materials and workmanship must comply with the Kansas City, Kansas construction standards.

Applicant Signature _____

Date _____

This Portion to be Completed by Public Works Staff

Date Application Received _____

Application Received By _____

Is the Application Complete? _____

Reimbursement Amount _____

Application Approved _____

Application Denied (Reason) _____



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Sidewalk & Curb Rehabilitation Incentive Program Application

Date of Application _____

Applicant Name _____

Applicant Address _____

Applicant Phone Number _____

Project Location _____

Estimated Area _____

Estimated Cost per Square Foot _____

Cost Estimate/Quote Attached? Y N

KCK Resident? Y N

Commission District _____

This Portion to be Completed by Public Works Staff

Marking Inspection _____

Form Inspection _____

Final Inspection _____

Reimbursement Amount _____

Date Reimbursement Authorized _____

Reimbursement Authorized By _____