



Project Number: _____

1145 66th Street, Suite 1 • Windsor Heights, Iowa 50324 • 515-279-3662

WINDSOR HEIGHTS the heart of it all

TYPE OF PROJECT: Soil Quality Restoration Native Planting Rain Garden Rain Barrel Other (explain) _____

Date of Application: _____

Received by: _____

PROJECT ADDRESS	
STREET NUMBER/ADDRESS	
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Public	
<input type="checkbox"/> One-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Multi (No. _____)	

APPLICANT INFORMATION	
Name	Email
Address	
City	State
Zip	Phone

PROPERTY OWNER INFORMATION	
Name	Email
Address	
City	State
Zip	Phone

CONTRACTOR INFORMATION	
Name	
Company	
Email	
Phone	

- PROGRAM GUIDELINES**
- Costsharing rates are as follows:
 1. Soil Quality Restoration: 75% City Reimbursement
 2. Rain Barrel: 50%, \$75 limit
 3. Native Planting: 40% City Reimbursement
 4. Rain Garden: 40% City Reimbursement
 5. Other: Case by case determination
 - Three inspections are required for all projects:
 1. After submission, but before approval of, the project application to verify suitability.
 2. During installation of the BMP.
 3. Upon completion of the project.
 - Total reimbursement amount is capped at \$1,000 per property per fiscal year. One project per property per fiscal year may be accepted.
 - Projects are approved on a first come, first serve basis as funding is available.
 - All funds distributed by the City will be to the legal property owner.
 - Funds are reimbursed by the City only after the project has been completed and all receipts submitted.
 - All work is to be completed to the standards of the Iowa Storm Water Management Manual.
 - Contracted labor may be reimbursed. All other labor will not be reimbursed.

BUDGET

Total Project Cost: _____

Estimated Request for Reimbursement: _____

- APPLICATION CHECKLIST**
- Please be sure to include all of the following with your application:
- Map showing location of project, with dimensions
 - Estimate and detail of total project cost
 - Summary of work to be completed
 - Scheduling and expected completion date

By signing below, the applicant confirms that they agree to the program guidelines outlined above and have provided all necessary documentation with the application.

Signature **Date**

WHEN SIGNED BELOW THIS BECOMES YOUR PROJECT APPROVAL

Public Works Director Date