



**Form G - Residential**  
**CITY OF NEWARK, DELAWARE**  
**STORMWATER GRANT REQUEST APPLICATION**

Request Number
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Parcel ID: \_\_\_\_\_ Account#: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel Owner: \_\_\_\_\_

Service Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**REQUESTED SUPPORT:** (Check one of the following)

**Rain Barrel Request**

**Design Service Support:** Please describe the subject property's stormwater issue and/or desired stormwater best management practice (BMP). Attach additional sheets if necessary.

<b>Check if any of the following attachments are included:</b>			
<input type="checkbox"/>	Site Map / Plan	<input type="checkbox"/>	Photos
<input type="checkbox"/>	Drainage Area Maps	<input type="checkbox"/>	Other: _____

**Stormwater Project Cost Sharing:** Please describe the subject project for which matching funds are being requested. Attach additional sheets if necessary.

**Benefits:** Please describe the anticipated benefits of the proposed project.



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Check if any of the following attachments are included (recommended):			
<input type="checkbox"/>	Site Map / Plan	<input type="checkbox"/>	Stormwater Facility Details
<input type="checkbox"/>	Drainage Area Maps	<input type="checkbox"/>	Engineer's Cost Estimate / Contractor Quote
<input type="checkbox"/>	Engineering Drawings	<input type="checkbox"/>	Photos
<input type="checkbox"/>	Engineering Calculations	<input type="checkbox"/>	Other: _____

**Cost Information :** Please provide the following cost information. Note – Unless otherwise stated, matching funds are provided based upon 25% of the estimated construction costs up to a maximum \$5,000 per parcel.

**Estimated Construction Costs:**                   \$ \_\_\_\_\_

**Requested Grant Amount:**                         \$ \_\_\_\_\_

**Other Anticipated Grants (if any):**             \$ \_\_\_\_\_

**Applicant Declaration:**

The following statements are true to the best of my knowledge:

1. The Applicant is requesting assistance to improve or construct stormwater related infrastructure on his or her own personal property.
2. The Applicant accepts any and all future maintenance responsibility for the infrastructure and agrees to maintain/repair/operate the improvement for the balance of the useful life of the facility.
3. The Applicant agrees to allow City of Newark personnel access to inspect the facility in perpetuity.
4. The Applicant agrees to provide documentation of completed work and receipts detailing expenditures for which the grant is intended prior to release of funds by the City.
5. The Applicant agrees to transfer the responsibilities listed above to any future owner of the subject property.
6. The City does not offer advice on the taxability of the grant funding and advises the Applicant to consult a tax advisor for items related to the grant.
7. In the event Applicant and/or future owners fail to perform the obligations set forth in #1-6 above, that Applicant and/or future owners acknowledge and agree they will be liable to the City for a pro-rata share of any Assistance Grant, plus all attorney's fees and Court costs incurred by the City in collection of same.
8. The Applicant agrees to use the rain barrel they are given, and not resell it for personal gain. In the event that it is no longer needed, the Applicant agrees to return it to the City of Newark.



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Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**FOR CITY USE ONLY (To be completed by City):**

Application Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Application Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Application Status (as applicable):

Rain Barrel Request                      Approved: \_\_\_\_\_                      Denied: \_\_\_\_\_

Design Service Support:                      Approved: \_\_\_\_\_                      Denied: \_\_\_\_\_

Stormwater Project Cost Sharing:

	Yes	No	Date
Public Works Approval:	<input type="checkbox"/>	<input type="checkbox"/>	
Recommend to CAC:	<input type="checkbox"/>	<input type="checkbox"/>	
CAC Approval:	<input type="checkbox"/>	<input type="checkbox"/>	

Final Decision:                      Approved: \_\_\_\_\_                      Denied: \_\_\_\_\_

Match: \$ \_\_\_\_\_

Remarks:

City of Newark  
220 South Main Street  
Newark, DE 19711

**For inquiries, please call: (302) 366-7000**