



Form G-1 - Residential
CITY OF NEWARK, DELAWARE
STORMWATER GRANT REQUEST APPLICATION

Request Number

Parcel ID: _____ **Account#:** _____ **Date:** _____

Parcel Owner: _____

Service Address: _____

Mailing Address: _____

Email: _____ **Phone:** _____

REQUESTED SUPPORT: (Check one of the following)

Rain Barrell 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.

Check if any of the following attachments are included:			
<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 – matching funds are provided based upon 25% of the estimated construction costs up to a maximum \$5,000.

Estimated Construction Costs: \$ _____

Requested Grant Amount: \$ _____

Other Anticipated Grants (if any): \$ _____

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

Application Received By: _____ **Date Received:** _____

Application Reviewed By: _____ **Date Reviewed:** _____

Application Status (as applicable):

Rain Barrell 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: \$ _____



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Remarks:

Send the Completed Application and Supporting Documentation To:

The Director of Public Works and Water Resources
City of Newark
220 South Main Street
Newark, DE 19711

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