



Stormwater Grant Application

Please review the program guidelines and requirements before completing this application.

I. APPLICANT INFORMATION

a.) Association/Applicant Name _____

b.) First-time Applicant Y N

c.) Project Leader _____

d.) Address _____

e.) Telephone _____

f.) Email Address _____

II. PROJECT INFORMATION

a.) Describe the Stormwater Basin Maintenance project including; location, existing conditions, specific needs, age of stormwater basin, and public benefit of project.



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b.) Describe any restoration of aesthetics or stormwater basin aeration systems associated with the proposed project.

c.) Parcel number of proposed project area. This can be found on the City's website at <https://maps.dublin.oh.us/dubscopy>

III. FUNDING INFORMATION

a.) Estimated Total Project Cost: _____

Name and company of contractor providing estimate:

*Please provide a copy of all quote/estimates for project

b.) Total amount of grant funding requested from the City. _____

c.) Association funding match. (Must be equal to or greater than the grant amount requested)



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d.) Other items to include:

- 1.) Association budget reflecting the ability to meet the matching funds requirement.
- 2.) Itemized cost estimates/quotes
- 3.) Documentation reflecting what the Association has in reserve, demonstrating the ability to provide maintenance and upkeep for the proposed project.

Please list attachments included in application submission to ensure they were received:

Please submit completed application to Mason Hughes at mhughes@dublin.oh.us or deliver to 6555 Shier-Rings Road, Dublin, Ohio

For questions, contact Mason Hughes at mhughes@dublin.oh.us or 614-410-4734