



**Stormwater Best Management Practices  
(BMP) Reimbursement Program  
Application Form**

<b>Applicant/Property Owner:</b>	
<b>Address:</b>	<b>City, State &amp; Zip Code:</b>
<b>Email Address:</b>	<b>Phone Number:</b>

**Proposed Best Management Practice (BMP):**

- |  |  |
|--|--|
| <input type="checkbox"/> Rain Garden/Bioretenention Cell | <input type="checkbox"/> Rain Barrel                         |
| <input type="checkbox"/> Pervious Pavement System        | <input type="checkbox"/> Native Planting Garden/Buffer/Swale |
| <input type="checkbox"/> Soil Quality Restoration        | <input type="checkbox"/> Other (describe)_____               |

\*BMPs shall meet design criteria in the Iowa Stormwater Management Manual

**Verify that the below documents are attachehd to this application:**

- ☐ Map / drawing showing project location
- ☐ Summary or description of the project. (\*Must include scientific names of native plants)
- ☐ Cost summary and/or contractor's estimate for the project
- ☐ Anticipated project schedule and expected completion date

**Estimated Cost of Project:**\_\_\_\_\_

**Reimbursement Amount Requested:**\_\_\_\_\_

- 50% of total with a maximum amount of \$1800 reimbursement for all practices combined
- 50% of cost of a rain barrel with a maximum of \$75

**Program Details - See program description, instructions & conditions on next page:**

- City approval is required PRIOR to any work occurring or items purchased
- Project must be completed within the fiscal year that it is approved
- Reimbursement will be made after the project is completed & the receipts/invoices submitted
- Submit application & the required documents to the following mailing or email address:

**City of Ankeny (Attention: Carla Moore)**

**1210 NW Prairie Ridge Drive**

**Ankeny, IA 50023**

[cmoore@ankenyiowa.gov](mailto:cmoore@ankenyiowa.gov)

**ACKNOWLEDGEMENT**

*By signing this application, the applicant agrees that all information provided in this application and the accompanying documents are true and accurate and further agrees to the follow the conditions of this program. The City of Ankeny can have access to my property and photograph the installed best management practice(s).*

**Applicant Signature:**

**Date:**

This section to be completed by the City

**Public Works Staff Approval:**\_\_\_\_\_

**Date Approved:**\_\_\_\_\_ **Amount Approved:**\_\_\_\_\_