



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

Applicant/Property Owner:

Address:

City, State & Zip Code:

Email Address:

Phone Number:

Proposed Best Management Practice (BMP):

<input type="checkbox"/> Rain Garden/Bioretention 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 attached 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

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: _____