

City of Eden
Storm Drainage Assistance Grant Program
Application Form
(Please print or type)

Property Address _____

Current Use _____

Applicant Name _____

Applicant Address _____

Applicant Phone Home _____ Bus. _____ Cell _____

Applicant Status Owner _____ Tenant _____

Application Cycle February 15 _____ August 15 _____
Deadline (Check One)

Description of Project _____
(Attach additional
sheet if needed) _____

Total Estimated Costs (Attach Estimates)	Estimate #1	\$ _____
	Estimate #2	\$ _____
	Estimate #3	\$ _____

Requested Grant Amount \$ _____

I hereby certify that, to the best of my knowledge, all information provided herein is accurate. I further certify that I understand the purpose and guidelines of the grant program as outlined in the application package. I understand funds received from this grant are to be used solely for the project described in this application. I have attached a description of the problem and the proposed repairs/improvements and cost proposals from three contractors.

Signature of Applicant _____ Date _____

I hereby certify that I am the legal owner(s) of the above referenced property, and give my consent for the above named applicant to utilize grant funding to make the proposed alterations to this property.

Signature of Property Owner(s) _____ Date _____

_____ Date _____

FOR OFFICE USE ONLY:

WARD NUMBER: _____

RANKING SCORE: _____

Initial: _____

Date: _____