

## MSD Project Clear Rainscaping Large Grants Program: Annual Call for Applications

Applicant		
Project Title		
Contact Person		
Name of Organization		
Organization Address		
Type of Organization (M	unicipal/Local Government, Nonprofit, or I	Private)
Phone Number		
Email Address		
Project Paramet	ters	
Rainscaping Feature(s)	Proposed	
Total drainage area direc	cted to the BMP(s) in square feet	
Impervious area remove	d or redirected to BMP(s) in square feet	
Runoff volume reduction	per MEP Spreadsheet in cubic feet	
Project Address		
Cityshed		
MSD Dollar Amount Req	quested:	
Does the project contain	a public education component?	
Organization responsible	e for maintenance	

## **Narrative**

Please describe the purpose of the project and provide information on the following items in 3 pages or less:

- Describe the work that will be done using the MSD funding.
- Identify the specific deliverables and the anticipated outcomes associated with the major project components.
- Describe in detail, the tasks and schedule for the project. Include milestones and timelines for accomplishing tasks for the project time period.
- Explain how the project will reduce runoff volume and if it is ready for implementation. Include why the project will work, and what makes it innovative, if applicable.
- Describe the maintenance plan for the rainscaping features to ensure sustainability.
- If applicable, explain how you will engage partners and other stakeholders in the project.

## **Attachments**

- Preliminary Site Plan
- Drainage Area Map
- MEP Spreadsheet
- Project Budget
  - Include matching funds, if applicable. If other funding will be used, list funding sources
    and note if those funds are secured. If they are not secured, describe the likelihood of
    securing those funds.
  - Include civil engineering design, landscape architecture, soils assessment and/or restoration, legal costs associated with deed restrictions and/or easements, demolition, construction of rainscaping features and public participation and education activities

## **Certification by Applicant**

The applicant certifies that all information in this application, and all information furnished in support of the application, is true and complete to the best of the applicant's knowledge and belief. The applicant understands that this is a reimbursement program, and the grantee must have adequate funding available to cover all aspects of their project.

Print Name		_	
Signature			
Date			
Submit five (5) bound har	rd copies and one (1) di	gital copy to MSD by	October 31 <sup>st</sup> at 5PM

