

APPLICATION SUMMARY FORM
I-JOBS Improved Green Urban Stormwater Best Management Practices

December 2009

Total Cost of Project: \$ _____ **Request from DNR:** \$ _____

BMP(s) being installed: _____

Name City/County where practice(s) to be installed:

Applicant Organization:

Address:

City, State, and Zip:

Contact Person:

Telephone ()

Fax: ()

Email address (required):

Estimated Project Duration:

Expected Start Date:

What funding source(s) do you intend to use as a match? Check all that apply

Existing funds SRF Loan Local bank loan Other:

Brief Project Summary (no greater than this space allows):

Applicant accepts all the terms and conditions stated in the Request for Applications, specifically, but not limited to Section 3.2 of the RFA, which is certified upon executing this document.

Printed Name of Chief Executive Officer/Representative/Applicant

Signature of Chief Executive Officer/Representative/Applicant

Date

