

## DWSD Capital Partnership Program – Non-Residential Customer Only

### Application for Capital Partnership Funding for Stormwater Management Practices

(Please fill out one form per property)

Submit a completed application with your attachments at [www.detroitmi.gov/drainage](http://www.detroitmi.gov/drainage) or email to [drainage@detroitmi.gov](mailto:drainage@detroitmi.gov). Alternatively, the application can be mailed to:

Stormwater Management Group  
Detroit Water and Sewerage Department  
6425 Huber St. • Detroit, MI 48211

#### SECTION 1 - PROPERTY OWNER INFORMATION

Property Owner:	
Mailing Address:	
City, State, Zip Code of Mailing Address:	
Phone Number(s):	
Email Address:	
Organization/Business Name (if different from Owner):	
Property Address:	
Parcel ID(s):	
DWSD Account No. (s):	
Parcel Size in Acre(s):	
Impervious Area in Acre(s):	
EIN or TIN Number:	
Current Drainage Charge Per Year:	
Expected Drainage Credit Per Year:	



**DESIGNATED PROJECT MANAGER CONTACT INFORMATION**

\_\_\_\_ Check if Project Manager Contact Information is the same as Property Owner

First Name:	
Last Name:	
Mailing Address:	
City, State, Zip Code of Mailing Address:	
Contact Number(s):	
E-Mail:	

**SECTION 2 - Eligibility Criteria - Required**

1. Is property non-residential?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is property owner willing to execute legal agreements including a Capital Partnership Agreement, Easement Agreement, and Declaration of Restrictive Covenant and obtain all necessary permits for GSI implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the property owner current on their DWSD water, sewer and drainage accounts or enrolled in, and current on, their payment plan obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the property owner have any outstanding liens or overdue fees payable to other City of Detroit properties? (Please attach clearance documentation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. For constructed or in progress GSI measures, was construction initiated after April 1, 2017?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Is proposed GSI on environmentally constrained sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 3 - Eligibility Criteria below are not required, but will be used to prioritize applications**

1. Has the property owner arranged for funding their share of GSI implementation costs to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no: Is Capital Partnership Program required to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If no: Is the applicant seeking referrals to potential funders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your bill always been based on the impervious area on your property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your proposed project have an estimated payback period, absent funding assistance, of 5 years or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Do you agree to allow your project to serve as a demonstration site for targeted property classes and/or customer populations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Will your project provide workforce development opportunities for Detroit residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you own a small business with fewer than 50 employees or less than \$50 million in annual revenues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does your proposed GSI project support City of Detroit economic revitalization / redevelopment (e.g., commercial corridor development, neighborhood stabilization/amenity)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you a non-profit customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION 4 – PROJECT INFORMATION**

*If additional space is needed to provide requested information, please attach separate sheet(s)*

**1. PROJECT PROPOSAL SUMMARY**

**TITLE OF PROPOSED PROJECT:** \_\_\_\_\_

**TYPE OF GSI TECHNOLOGY (SELECT ALL THAT APPLY):**

- |   |   |
|---|---|
| <input type="checkbox"/> Impervious Cover Removal | <input type="checkbox"/> Porous Pavement                                  |
| <input type="checkbox"/> Cistern                  | <input type="checkbox"/> Rain Garden/Infiltration System                  |
| <input type="checkbox"/> Rainwater Reuse System   | <input type="checkbox"/> Detention Systems with Infiltration Capabilities |
| <input type="checkbox"/> Green Roof               | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Blue Roof                |   |

**STORMWATER CAPTURE AND COST PER GALLON SUMMARY**

Total Impervious Tributary Area: \_\_\_\_\_

Total Proposed Volume Managed: \_\_\_\_\_

Total Project Cost/Total Proposed Volume Managed \_\_\_\_\_ \$/gal

**APPROXIMATE PROJECT TIMELINE:** \_\_\_\_\_ Weeks<sup>1</sup>

**BUDGET SUMMARY**

Total Project Cost: \_\_\_\_\_

(Include design, construction, permitting, and any other capital cost)

Total Requested Funds from DWSD: \_\_\_\_\_

Other Funding Sources (if applicable): \_\_\_\_\_

Annual Maintenance Cost \_\_\_\_\_

<sup>1</sup> DWSD will allow for more than one construction season if deemed necessary.

## 2. PROJECT DETAILS

For the proposed stormwater management practice or combination of practices, attach a project report with supporting documentation that includes:

- a. A conceptual design that provides a plan view schematic of each site with existing conditions and proposed conditions for selected/recommended BMPs.
- b. Impervious area managed
- c. Volume and peak flow managed
- d. Estimated drainage charge fee reduction
- e. Estimated project cost (design, construction and other project related capital cost)
- f. Total amount saved (estimate of credit)
- g. Net Present Value (NPV)
- h. Internal Rate of Return (IRR)
- i. Payback period
- j. GIS Plan View Figure
- k. Technical Report

## 3. ADDITIONAL REQUIREMENTS

### STATEMENT OF AGREEMENT

If awarded, all applicants will be required to execute a **Capital Partnership Agreement**, Easement Agreement and Restrictive Covenant in a form provided by DWSD.

### FIRST AND LAST PAGE OF PROPERTY DEED OR COPY OF TITLE

Attach supporting documentation.

### Owner Certification and Right-Of-Entry:

I certify that the above information is true to the best of my knowledge. By signing below, I agree to allow DWSD staff or its agents to verify the information above and to visit the site if necessary.

_____ Signature of Property Owner/Authorized Representative	<input type="checkbox"/> By submitting on the City of Detroit website, I acknowledge the statements.
_____ Print Name	_____ Date

### For DWSD Use only:

<input type="checkbox"/> <b>Property <u>approved</u> for Capital Partnership Program funding</b>	<b>Print Name:</b> _____
<b>Approved by (sign):</b> _____	<b>Date:</b> _____
NOTES:	