



GROSSE ILE TOWNSHIP
 Department of Public Services
BUILDING & ZONING
 9601 Groh Road
 Grosse Ile MI 48138
 Monday-Friday, 8am-5pm
 (734) 676-4422 phone
 (734) 692-9699 fax
 www.grosseile.com

Drainage Grant Program Grant Application

You **MUST** submit **TWO** written estimates with application

PART 1 - Property Location

Property Address where work is to be completed (here in after referred to as the "Property") _____

PART 2 - Project Applicant(s)

Applicant _____

If Applicant is a company, provide Employer Tax Identification # _____

Address _____

Phone _____ Cell _____ Email _____

Relationship of Applicant to the Property: Owner Tenant of Owner Land Contract Purchase Other _____

Co-applicants (if any) agree that Applicant is duly authorized to communicate with Township of their behalf.

Co-Applicant _____ Address _____

Co-Applicant _____ Address _____

APPLICANT(S) MUST PROVIDE THE FOLLOWING INFORMATION OR APPLICATION WILL BE DENIED

Property Owner(s) (if different than Applicant) _____

Address _____ Phone _____ Cell _____

Any liens or mortgages on the Property? Yes No

If Yes, specify name(s) of lien or mortgage holder(s)

Proof of Ownership Copy of Deed Copy of Land Contract Title Insurance

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TWP will completed this information: Recorded Deed, Title Insurance or Land Contract Submitted

TWP verification of information provided above line

PART 3 - Project Description Summary (include description of problem, proposed solution, drawing of proposed solution)

Describe nature of drainage issue

Length of time of drainage problem

Years _____

Months _____



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Evidence of drainage problem (photos, statements, inspection reports, or other evidence showing problem)
 Inspection by Township will be required to verify problem prior to approval.

Proposed improvements/work to be performed with grant funds to solve drainage problem (include description of proposed work and detailed written cost estimate from two qualified contractors.)

Any Owner(s)/Applicant(s) hereby certifies that they have appropriate funds to pay for Owner(s)/Applicant(s) share of improvement costs and agree to provide proof of same upon request of Township.

Estimated time for completion of improvements/work Days _____ Months _____

Applicant(s) must provide written plans complying with applicable codes, ordinances, regulations and laws with the application for consideration. Applicant(s) and Owner(s) agree that all improvements/work shall be done in compliance with applicable Township codes and ordinances, and State and federal laws and regulations, including obtaining any necessary permits. Approval of the grant shall be limited to 50% of the cost of the approved improvements/work with a maximum grant of \$5,000 per property, with approval to be in the sole discretion of the Township. The grant funds will not be disbursed until the Township does a final inspection that confirms that all of the improvements/work has been completed in accordance with the approved grant, the approved plans, and applicable codes and ordinances, and that satisfactory waiver(s) of liens from contractors installing the improvements of performing the work have been provided.

Applicant(s) and Owner(s) acknowledge all approved grant funds must be used to install improvements/perform work approved as part of the grant, that a standard maintenance agreement must be signed requiring maintenance of the improvements made that will be recorded against the Property, and that the Owner(s) and Applicant(s) will be jointly responsible for reimbursing the Township for any grant disbursements used for expenses other than those approved as part of the grant. Owner(s) and Applicant(s) consent to imposition of a lien upon the Property for any funds not properly used. Owner(s) and Applicant(s) certify that all of the information contained in this Application is true, complete, and accurate, and that any misstatement or misrepresentation, or fraud will require reimbursement to the Township of grant funds disbursed in reliance on the information provided in this Application or supporting documentation.

Owner(s) and Applicant(s) acknowledge that approval of a grant is in the sole discretion of the Township, and agree to hold the Township and its officials, board members, employees, representatives, agents, successors and assigns harmless against any claims, losses, liabilities, damages and expenses, including reasonable attorney fees, which may be sustained, suffered, or incurred by any of the indemnified parties arising from or related to, directly or indirectly (or alleged to have arisen from or to have been related to) any damage to any Property or injury or death to any person relating to the improvement or work which is the subject of the grant, Owner(s)' breach of any of its obligations to the Township relating to the grant, Owner(s)' operation and/or maintenance of the improvements/work, or any other matter pertaining to the grant.

Signature(s) of Applicant(s)

Signature(s) of Owner(s) if different than Applicant(s)

_____ Date _____
 _____ Date _____
 _____ Date _____

_____ Date _____
 _____ Date _____
 _____ Date _____



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PART 4 - Grant Approval (Approved for 50% of system cost not to exceed \$5,000 per application)

_____ Signature of DPS Director/Manager	_____ Print Name	_____ Date
_____ Signature of Township Engineer	_____ Print Name	_____ Date
_____ Signature of Township Manager	_____ Print Name	_____ Date

PART 5 - Certificate of Final Inspections

_____ Signature of Building Department Official	_____ Print Name	_____ Date
_____ Signature of Public Services	_____ Print Name	_____ Date

PART 6 - Project Completed - Request for Reimbursement

Drainage work is completed to our satisfaction, the contractors and paid in full and I/we are requesting reimbursement for approved Grant amount.

Final Cost of Project \$ _____ (Attach documentation and complete this section. PLEASE NOTE that a completed Waiver of Lien form must be attached for each contractor who performed work on the Property for this project.)
 Number of Lien Waivers attached _____
 Date _____

TO: Department of Public Services
 FR: Drainage Project Application and Co-Applicant(s)
 RE: Request for Reimbursement of Agree Grant Amount

Signature(s) of Applicant(s)	Signature(s) of Owner(s) if different than Applicant(s)
_____ Date _____	_____ Date _____
_____ Date _____	_____ Date _____
_____ Date _____	_____ Date _____

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PART 7 - Authorization for Reimbursement

Approved for reimbursement in the total amount of \$ _____ for drainage work performed at the Property to be reimbursed to be reimbursed to the above Applicant and/or Co-Applicant(s).

Approved	_____ Signature of DPS Director/Manager	_____ Print Name	_____ Date
Approved	_____ Signature of Township Engineer	_____ Print Name	_____ Date
Approved	_____ Signature of Township Manager	_____ Print Name	_____ Date