



KANSAS CITY, KANSAS  
ENVIRONMENTAL SERVICES

## Stormwater Treatment Facility (STF) Cost-Share Program

Property Owner Application for Assistance

### Section 1 – Applicant & Project Information

#### Property Owner

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### STF Cost-Share Program

- **50% Match:** Rain gardens, native planting swales/buffers, and permeable pavement - up to \$1,000 Total
- **50% Match:** Rain barrels, up to \$75 each (maximum of 2 per household)
- **50% Match:** Native trees, up to \$75 Each (maximum of 2 per household)

#### Proposed Project

- ☐ Rain Garden    ☐ Rain Garden (Rain Barrel (maximum 2 per household))  
☐ Native Planting Buffer/Swale    ☐ Native Tree (maximum 2 per household)

Other: \_\_\_\_\_

**Estimated Cost of Project:** \_\_\_\_\_

#### Please Attach the Following

Enclosed

- |   |                          |
|---|--------------------------|
| 1. Maps and/or site plans showing the project location and area treated | <input type="checkbox"/> |
| 2. Summary or description of the project                                | <input type="checkbox"/> |
| 3. Cost summary and/or contractor's estimate for project                | <input type="checkbox"/> |
| 4. Anticipated project schedule and expected completion date            | <input type="checkbox"/> |

### CONTACT



(913) 573-1300



info@wycokck.org



4851 Armstrong Avenue  
Kansas City, KS 66102



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*Application for assistance*

### Section 2 – Agreement & Submission

The application must be reviewed and approved by the Unified Government's Environmental Services Stormwater Program Division prior to any work starting. The project must be completed by October 31 of application approval year. The Unified Government requires access to your property for evaluation of this application, inspection of the completed project and for the following 3-year maintenance period.

☐ Yes, Unified Government Staff may have access to my property as described above

**By signing this application, the applicant agrees that all information provided in this application and the enclosed documents are accurate. The applicant also agrees to the conditions of this program, including maintenance for a period of three (3) years as shown in the Cost-Share Program Guidelines.**

Please return the completed form to Environmental Services' Stormwater Program Division via the addresses below or by email to Shawna Trarbach at [starbach@wycokck.org](mailto:starbach@wycokck.org).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

#### Unified Government Environmental Services Stormwater Program Division Approval For Internal Use Only

##### Received By:

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

All Documents Enclosed? ☐ YES ☐ NO

**Amount Requested:** \_\_\_\_\_

Staff Approval? ☐ YES ☐ NO

**Amount Approved:** \_\_\_\_\_

##### Approved By:

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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