



## RESIDENTIAL SUSTAINABILITY GRANT PROGRAM APPLICATION

CITY OF MERRIAM-COMMUNITY DEVELOPMENT DEPARTMENT  
9001 W. 62<sup>nd</sup> St., Merriam, KS 66202-2815  
Phone (913) 322-5520 Fax (913)322-5505



**REIMBURSEMENT WILL NOT BE MADE FOR PROJECTS STARTED PRIOR TO CITY APPROVAL**

Project Address:			
Owner's Name:			
Owner's Address:			
City/State/Zip:			
Phone Number:			
Email Address:			
Single Family Residential <input type="checkbox"/>		Two Family Residential (Duplex) <input type="checkbox"/>	Other <input type="checkbox"/>
Description of energy efficiency improvements (Attach additional pages if needed or use back of form):			
Estimated Completion Date:		Estimated Cost of Improvements:	
Provide the following documentation:		Contractor Estimate (if applicable) <input type="checkbox"/>	
Property site plan (if applicable) <input type="checkbox"/>		Construction plans (if applicable) <input type="checkbox"/>	
Valid property insurance <input type="checkbox"/>		Property taxes payments are current <input type="checkbox"/>	
<p><i>By signing below, I understand the project must be completed within 120 days of the application approval date. If the project is not finished within that time, reimbursement may not occur. Additionally, I understand that this is a City program and all application and project information may be subject to Kansas open records laws.</i></p> <p><i>I also understand that by participating in the Residential Sustainability Grant Program, I give my consent for City staff to enter my property to make inspections related to the program and that photos taken of my property can be used in City promotional materials including, but not limited to, City website, emails, newsletters, brochures, etc.</i></p> <p><i>Reimbursement amount will be based on submitted project receipts.</i></p>			
Owner's Signature:			Date:
<b>FOR CITY OFFICE USE BELOW</b>			
<b>Before</b>		<b>After</b>	
Submittal Date		Work completed	<input type="checkbox"/>
Funding available <input type="checkbox"/>		Improvements meet city/building code	<input type="checkbox"/>
Improvements eligible <input type="checkbox"/>		After pictures	<input type="checkbox"/>
Real estate taxes current <input type="checkbox"/>		Receipts Total	<input type="checkbox"/>
Valid home insurance <input type="checkbox"/>		Completed W-9	<input type="checkbox"/>
Building permit required <input type="checkbox"/>		NOTES:  Total Reimbursement: _____  20% of _____	
Building permit issued <input type="checkbox"/>			
Rental License current <input type="checkbox"/>			
Before Pictures <input type="checkbox"/>			
Estimated reimbursement amount:		09/16/2020	
Application approval date:			
Date project to be completed:		Approved by:	

**APPLICATIONS WILL NOT BE ACCEPTED PRIOR TO JAN. 4, 2021**

**Property owner submits application to Community Development by mail or in person at City Hall**