



Cost Share Grant Application 2022

Application type (check one) Homeowner Non-profit - 501(c)(3) School

Business or corporation Public agency or local government unit

Project type (check all that apply) Raingarden Vegetated Swale Infiltration Basin

Wetland restoration Buffer/shoreline restoration Conservation practice Habitat restoration

Pervious hard surface Other _____

Applicant Information

Name of organization or individual applying for grant (to be named as grantee):

Address (street, city and ZIP code):

Phone: _____ Email address: _____

Primary Contact (if different from above)

Name of organization or individual applying for grant (to be named as grantee):

Address (street, city and ZIP code):

Phone: _____ Email address: _____

Project location

Address (street, city and ZIP code):

Property Identification Number (PID)

Property owners:

Project Summary

Title _____

Total project cost _____ Grant amount requested _____

Estimated start date _____ Estimated completion date _____

Is project tributary to a water body? No, water remains on site Yes, indirectly Yes, directly adjacent

Is this work required as part of a permit? No Yes

(If yes; describe how the project provides water quality treatment beyond permit requirement on a separate page.)

Project Details

Checklist To be considered complete the following must be included with the application.

- | | |
|---|--|
| <input type="checkbox"/> location map | <input type="checkbox"/> project timeline |
| <input type="checkbox"/> site plan & design schematic | <input type="checkbox"/> proof of property ownership |
| <input type="checkbox"/> contracted items | <input type="checkbox"/> plant list & planting plan (if project includes plants) |

Project description Describe the project, current site conditions, as well as site history, and past management. Note any potential impacts to neighboring properties.

What are the project objectives and expected outcomes? Give any additional project details.

Which cost share goals does the project support? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> improve watershed resources | <input type="checkbox"/> foster water resource stewardship |
| <input type="checkbox"/> increase awareness of the vulnerability of watershed resources | |
| <input type="checkbox"/> increase familiarity with and acceptance of solutions to improve waters | |

How does the project support the goals you checked?

Project Details (continued)

Project benefits Estimate the project benefits in terms of restoration and/or annual pollution reduction. If you are working with a designer or contractor, they can provide these numbers. If you need help contact the district administrator. Computations should be attached.

Benefit	Amount
Water captures	gal/year
Water infiltrated	gal/year
Phosphorus removed	lbs/year
Sediment removed	lbs/year
Land restored	sq. ft.

How will you share the project results with your community and work to inform others about your projects environmental benefit?

Please note that by obtaining cost share funding from the Lower Minnesota River Watershed District, your project may be shared with the community through our website, social media, or other media. Your project may also be highlighted on a tour or training event, with prior notice and agreement.

Maintenance Describe the anticipated maintenance and maintenance schedule for your project.

I acknowledge that receipt of a grant is contingent upon agreeing to maintain the project for the number of years outlined in the cost share guidelines. Yes

Authorization

Name of landowner or responsible party

Signature _____ Date _____

Type or handwrite your answers on this form. Attached additional pages as needed.

For questions, contact Linda Loomis at NaiadConsulting@gmail.com or call 763-545-4659.

Mail the completed application to

**Lower Minnesota River Watershed District
c/o Linda Loomis, Administrator
112 E. Fifth St., Suite 102
Chaska, MN 55318**

or email to:

**Linda Loomis, Administrator
naiadconsulting@gmail.com**

2022 Cost Share Worksheet

Labor Costs (contractors, consultants, in-kind labor)

Service Provider	Task	# Hours	Rate/Hour	Requested Funds from LMRWD	Matching/In-Kind Funds	Total Cost
Total:				\$	\$	\$

Project Materials

Material Description	Unit Cost	Total # of Units	Requested Funds from LMRWD	Matching/In-Kind Funds	Total Cost
Total:			\$	\$	\$

Total Requested Funds from LMRWD*:	\$	(A)
Total Matching/In-Kind Funds:	\$	(B)
Project Total:	\$	(C)

*Please note: total requested funds (A) cannot be more than 50% of the Project Total (C)