

Lower Minnesota River Watershed District

Type or handwrite your answers on this form. (For questions, contact Linda Loomis at [Naiad Consulting@gmail.com](mailto:NaiadConsulting@gmail.com) or call 763-545-4659.)

Mail the completed application to:

or Email to:

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

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

2017 Cost Share Incentive and Water Quality Restoration Program Application

- 1) Name of Organization or Individual Applying for Grant (to be named as Grantee):
- 2) Project Address (street, city and ZIP code):
- 3) Name & Address of Contact Person if different from above:
- 4) Contact Information (daytime and evening phone numbers, email address):
- 5) Project Type (Best Management Practice [BMP] or Investigation [Study]):
- 6) Project Description: (Use Separate Page if necessary)

- 7) How does the project meet the purpose of the LMRWD Cost Share Incentive and Water Quality Restoration Program?
- 8) How did you find out about the grant?
- 9) Partners (provide contact information for each partner and his/her expected contribution to the project):
- 10) Grant Funding Request
- 11) Signature of Applicant:

_____ Date: _____