



**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  Lake/creek/wetland buffer  Conservation practice  
 Shoreline/bank stabilization  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

Project description:

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.

- |                                       |   |
|---------------------------------------|---|
| ___ location map                      | ___ project timeline  |
| ___ site plan & design schematic      | ___ proof of property ownership                             |
| ___ itemized budget or contractor bid | ___ plant list & planting plan (if project includes plants) |

## Description

Describe the current site conditions, as well as site history, and past management

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

List other key participants and their roles (provide contact information for each partner and his/her expected contribution to the project)

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

- |   |                                       |
|---|---------------------------------------|
| ___ improve watershed resources   | ___ Foster water resource stewardship |
| ___ increase awareness of the vulnerability of watershed resources          |                                       |
| ___ increase familiarity with and acceptance of solutions to improve waters |                                       |

How does the project support the goals you checked?

## Project Details (continued)

**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.

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?

Are there other projects that could be initiated as a result of this one?

## Evaluation

How will the project be monitored and evaluated?

## Maintenance agreement

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](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](mailto:naiadconsulting@gmail.com)**