



LOWER MINNESOTA RIVER  
WATERSHED DISTRICT

# Cost Share Grant Application

## 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.

- |                              |   |
|------------------------------|---|
| location map                 | project timeline  |
| site plan & design schematic | proof of property ownership                             |
| contracted items             | 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)

- |   |                                   |
|---|-----------------------------------|
| 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)

**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 [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](mailto: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
<b>Total:</b>				\$	\$	\$

## Project Materials

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

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

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