

Basic Information

Name: _____

Project Address: _____

Mailing Address: _____

Phone: _____

Email: _____

Project Information

- Project Type: Raingarden Native Shoreline Planting/Buffer
 Shoreline Stabilization Vegetation (Bioengineering)
 Pollinator Habitat

Give a 2-3 sentence summary of the request:


What issue(s) do you hope this project addresses? check all that apply

- Untreated storm water entering a lake, waterbody, or storm water system
- Unstable or eroding shoreline
- Lack of tree and shrub cover on a shoreline
- Protection or reestablishment of Native Plants
- Protection or reestablishment of Pollinator Habitat
- Removal of existing impervious surface, retaining wall, or seawall.

Project Location: City of Detroit Lakes Becker County

Nearest Lake or Waterway: _____

Total Project Cost: _____

 **Questions? Need help choosing plants? Give us a call or stop by and chat!**
prwdinfo@arvig.net - 218-846-0436
211 Holmes St W, Wells Fargo Building, Suite 201, Detroit Lakes, MN

OFFICE USE:

Maximum Reimbursement:

Eligible expenses total:

Est. Award:

Board Meeting Date:

Result:

Date Paid/check no:

Submission Checklist

To be considered a complete application the following items must be attached to the application.

- | | |
|--|---|
| <input type="checkbox"/> A complete and signed application | <input type="checkbox"/> An itemized list and quantities of eligible materials* |
| <input type="checkbox"/> A signed Maintenance Agreement* | <input type="checkbox"/> An estimated timeline* |
| <input type="checkbox"/> A site concept plan.* | <input type="checkbox"/> Copies of all necessary permits and approvals. |
| <input type="checkbox"/> Photos of the project area. | |

*Templates available at prwd.org/cost-share-programs/

Authorization

Please initial each line below.

_____ I understand that it is District policy to only provide cost share assistance for Minnesota native plants (trees, seeding, plant plugs, shrubs) and erosion control and planting materials such as coir logs, erosion matting and blankets, mulch, and anything else deemed appropriate by the PRWD.

_____ I understand that the District is not obligated to fund my project or portions of my project.

_____ I understand that the District Board of Managers must approve all reimbursement payments pertaining to my project, and that the District is allowed 45 days to process a payment.

_____ I understand that failure on my part to maintain the project for five years past the completion date may result in the District requiring all or a portion of my allotted cost share to be recovered, and it will be the District's discretion to determine the amount recovered.

_____ I give the Pelican River Watershed District permission to utilize photographs from the project in future promotional materials for the watershed.

Would you allow a small sign to be placed near the project when completed?

- Yes
 No

Authorized Signature

Date