MIDDLE FORK CROW RIVER WATERSHED DISTRICT

Application for Program Funds

Applicant Information

Full Name: _____ Date:_____

Last   *First*   *M.I.*

Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

Phone: _____ Email_____

Project Title: _____

Organization: _____

Have you applied for public funding for this project in the past?

YES ☐   NO ☐   If yes, when?_____

Project Information

Brief Project Description:

Project Cost:

Funding Amount Requested: _____ Match/In-Kind Funding: _____

Total Project Cost: _____

FUNDING REQUIREMENTS AND CONDITIONS:
a) All funding recipients will be required to submit a written report as well as a short presentation to the Board of Managers within 90 days after completion of the project. Pictures of the project or event are encouraged.
b) Funding is provided on a reimbursement basis. A letter requesting reimbursement, along with appropriate receipts and accounting for expenses, must be submitted prior to issuing funds.
c) Funds cannot be used for purchasing or supplying food.
d) Matching funds, both in-kind and cash, must be at least the amount of the funding request.
e) Once funding has been approved, expenditure must be completed within one year.
f) All funding requests must be approved by the Board of Managers at their monthly meeting. Applications must be submitted at least one week prior to the board meeting. Be sure to check dates, as they are subject to change. The board will not call a special meeting for reviewing applications.
g) Funding levels will vary and there may be times when there is no funding available. You may wish to inquire about availability prior to filling out the application.

Work Plan

Please limit your responses to questions 1-6 to no more than 2 pages.

1) <u>Project Narrative:</u> Describe the water quality issue to be addressed and how this project will work to address this issue. Describe as specifically as possible project goals, the work plan for the project, timeline and expected outcomes.

2) <u>How will the Middle Fork Crow River Watershed District</u> and its resources benefit from this project, if funded?

3) <u>Project Evaluation:</u> How will you determine and measure success in ways that are meaningful to citizens and decision makers?

4) <u>Required Approvals:</u> Please list and describe any required permits or approvals (including landowners) to be obtained prior to project implementation.

5) <u>Additional Information:</u> Please include any additional information you would like to share with us regarding your project proposal.

6) <u>Project Partners:</u> Provide names, affiliations, contact information and roles of partners directly involved in this project.

Project Expenditure Budget

Complete the following table by listing the objectives that will comprise your project and estimated cost of each objective.

| Objectives | Funding Types | | |
	Grant and Local Cash	In-kind	Total
1			
2			
3			
4			
5			
6			
7			
8			
Total of Program Objectives	$	$	$

Project Revenue Budget: Include all the sources of grant, match money, and in-kind contributions for your project. The match requirement must be no less than the amount of the grant.

| Project Sponsors | Project Costs | | |
	Cash Contribution To Project	In-kind Contribution To Project	Total Project Support
Project Sponsor Contribution			
Other Contributing Sponsors:			
1			
2			
3			
4			
5			
6			
TOTAL: All project sponsors			
Grant amount requested			
GRAND TOTALS	Total Cash $	Total In-Kind $	Total Project Cost $

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date:_____