



Capitol Region Watershed District
 595 Aldine Street
 Saint Paul, MN 55104
 capitolregionwd.org
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RAIN BARREL WORKSHOP GRANT APPLICATION

PLEASE SUBMIT FORM AND REQUIRED MATERIALS TO:

Rachel Funke
rfunke@capitolregionwd.org

WORKSHOP ORGANIZER INFORMATION	
ORGANIZATION	ORGANIZER NAME
ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE

EVENT DETAILS	If different from above:
WORKSHOP DATE AND TIME	WORKSHOP LOCATION
TITLE OF YOUR PRESENTATION (CRWD has a presentation available upon request)	WORKSHOP PRESENTER
NUMBER OF PARTICIPANTS	PRESENTER EMAIL
REIMBURSEMENT REQUEST (\$50 per participant / \$2,000 max)	PRESENTER PHONE

RAIN BARREL VENDOR INFORMATION	
VENDOR NAME	PRICE PER RAIN BARREL

RAIN BARREL WORKSHOP GRANT AGREEMENT	
<p>The following are required for reimbursement:</p> <p>Before the workshop:</p> <ul style="list-style-type: none"> completed application and a copy of the presentation you plan to use (or request to use CRWD's presentation) <p>After the workshop:</p> <ul style="list-style-type: none"> Event sign-in form that includes participant names, contact information, confirmation of CRWD residency, and confirmation that rain barrels will be used within CRWD boundaries (See CRWD-provided template) Event photos and consent from participants to allow CRWD use of photos Receipts for all applicable materials <p>BY SIGNING BELOW, I ACKNOWLEDGE AGREEMENT TO CRWD GRANT POLICIES. IT IS UNDERSTOOD THAT MY ORGANIZATION WILL BE REIMBURSED \$50.00 PER REGISTERED PARTICIPANT, UP TO A MAXIMUM WORKSHOP TOTAL OF \$2,000.00.</p>	
Name	CRWD Staff Representative Date
Signature Date	CRWD Administrator Date

Our mission is to protect, manage and improve the water resources of Capitol Region Watershed District.