WORKSHOP ORGANIZER INFORMATION

ORGANIZATION

ORGANIZER NAME

ADDRESS

EMAIL

CITY, STATE, ZIP

PHONE

EVENT DETAILS

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

The following are required for reimbursement:

Before the workshop:

• completed application and a copy of the presentation you plan to use (or request to use CRWD’s presentation)

After the workshop:

• 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

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.

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.