



# Capitol Region Watershed District

595 Aldine Street • Saint Paul, MN 55104  
T: 651-644-8888 • F: 651-644-8894 • [capitolregionwd.org](http://capitolregionwd.org)

# NATIVE LANDSCAPE GRANT APPLICATION

PLEASE SUBMIT FORM AND REQUIRED MATERIALS TO:

Alexandra Morrison  
[amorrisson@capitolregionwd.org](mailto:amorrisson@capitolregionwd.org)

PROJECT PARTICIPANT INFORMATION	
(NAME)	(TITLE)
(PROJECT ADDRESS)	(CITY, STATE, ZIP)
(APPLICANT ADDRESS, <i>if different than above</i> )	(CITY, STATE, ZIP)
(EMAIL)	(PHONE)

**QUALIFICATIONS:** To qualify, grantee must live in the [Focus Areas: bit.ly/CRWDFocusAreasMap](http://bit.ly/CRWDFocusAreasMap).

**GRANT AWARD:** 100% of qualifying expenses and up to \$1,000.

**APPLICATION:** Complete the Native Landscape Projects table below with each proposed native garden as a separate row. For each garden, identify the general project location, the proposed list of native plants and/or cultivars, and the estimated size of the project. **Attach a detailed sketch or depiction of your property and the proposed project location(s).**

## NATIVE LANDSCAPE PROJECTS

GARDEN NUMBER	PROJECT LOCATION	LIST OF PROPOSED NATIVE PLANTS AND/OR CULTIVARS	SIZE (sq ft)

**BY APPLYING I UNDERSTAND THE FOLLOWING (check boxes):**

- I understand this is a one-time grant award up to a maximum of \$1,000.
- I understand this form is only an application and I have not been awarded a grant by CRWD.
- I understand I will not start construction or purchase supplies until after a grant agreement has been signed.
- I have received and read the [Native Landscape Policy and Guidelines PDF: bit.ly/CRWD-NLG-PolicyandGuidelinesPDF](http://bit.ly/CRWD-NLG-PolicyandGuidelinesPDF).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_