



Capitol Region Watershed District

595 Aldine Street • Saint Paul, MN 55104
 T: 651-644-8888 • F: 651-644-8894 • capitolregionwd.org

CRWD Maintenance Grant Reimbursement Form

Due by December 1 of each year. Include work completed this calendar year. CRWD staff will use this information to calculate the grant reimbursement amount. Attach additional sheets as necessary.

Date

Grantee Information:

Name	
Check Payable to (if different from above)	
Mailing Address for Reimbursement Check	Email
City, State, Zip	Phone

Description of work completed this year:

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Actual Costs (Materials, contracting, non-volunteer staff time, etc.):

Item	Cost
Total Cost	\$



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Continued on next page

In-Kind Hours (Unpaid labor/volunteer hours):

Non-contracted labor including volunteer hours can be credited towards grantee match (not reimbursable by CRWD) at \$25/hour/person.

Date	Unpaid Labor/Volunteer Work Description	Number of Volunteers	Hours
Total Hours:			

(Attach additional documentation if needed)

I certify that this is an accurate and true summation of the actual costs of labor, equipment and materials used for the project.	
Grantee Signature	Date

Please attach itemized receipts, paid invoices, and/or volunteer logs for each item. Items without a receipt will not be eligible for reimbursement. A check for the grant amount will be mailed to the address provided within 60 days from approval.

Send completed form and required materials to CRWD Maintenance Grant Coordinator:

Alexandra Morrison
 (amorrison@capitolregionwd.org) or Capitol Region Watershed District
 595 Aldine Street
 Saint Paul, MN 55104



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(This page for CRWD use only)

Grant Reimbursement Summary

Cost Share (50%/75%)			
Actual Costs			
Grant Award Before In-Kind		Grantee Match Before In-Kind	
		In-Kind Hours	
		In-Kind Value	
Calculated Grant Award After In-Kind		Grantee Match After In-Kind	
Minimum Award	\$200.00		
Maximum Award	\$2,000.00		
Reimbursement Amount			

Staff Signature	Date
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