



Capitol Region Watershed District

595 Aldine Street
Saint Paul, MN 55104
(651) 644-8888 • capitolregionwd.org

NATIVE LANDSCAPE GRANT APPLICATION

PLEASE SUBMIT FORM AND REQUIRED MATERIALS TO:
Alexandra Morrison amorrisson@capitolregionwd.org

INSTRUCTIONS:

Fill out the tables below with information about the proposed project(s). Complete the Native Landscape Projects table 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. **Bee Lawns:** please specify the seed mix you will be using, the species included, the amount (lbs) of seed needed, and the size (sq. ft.) of the area to be seeded.

GRANT CONSIDERATIONS:

- Grantee must live in the [Focus Area](#) to qualify
- CRWD will reimburse 100% of eligible expenses up to \$1,000.

ATTACHMENTS:

Attach a detailed sketch or depiction of your property and the proposed project location(s). If installing a Bee Lawn, please include the installation approach you plan to use.

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

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 yet.
- 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 Policies and Guidelines](#).

Signature: _____

Date: _____