Capitol Region Watershed District
595 Aldine Street • Saint Paul, MN 55104
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CRWD Partner Grant Application

Applicant Information

Organization

Organization Type

Describe your organization's mission and goals
(Describe the mission and goals of your organization and how your project helps meet them.)

Address	City	Zip

First Name	Last Name	Title

Phone (office)	Phone (mobile)

Email Address	Website

How did you hear about CRWD's Partner Grants?
(Select one of the following: Previous grantee, Direct email from staff, CRWD e-newsletter, CRWD social media, CRWD website, If other, please list.)

Are you interested in receiving CRWD's newsletter? Y/N

Have you received a Partner Grant from CRWD in the past?

Project Audience

Your answers below will be used to further understand the audiences served by CRWD's Partner Grant Program and improve our communications and engagement. Project proposals must serve residents within our geographic boundaries to be considered for funding.

Does your project or program focus on serving youth or young adults? Y/N

Describe the primary audience or community served by your project or program including ages served.

Identify the neighborhood, community or focus area for your project. Additional consideration given to CRWD priority areas.
(Activities must take place within CRWD's boundaries. Work serving communities in the Trout Brook, Phalen Creek, Saint Anthony Hill, Como Lake or Lake McCarrons watersheds, and near the Mississippi River will receive additional consideration. Please reference the map of CRWD to see our boundaries and identify these focus areas)

Project Information
Capitol Region Watershed District (CRWD) Partner Grants support programs and projects led by public, private and non-profit organizations that increase clean water knowledge and actions. Projects will receive full or no funding, so please make clear connections between your proposal request and expected outcomes. Lastly, CRWD will only use the project information provided in your application during proposal review to ensure equal consideration is given to new and returning applicants.

Project Name

Project Connection to CRWD Watershed Management Plan
Which of the following engagement strategies, tools, or activities are included in your project or program? (Check all that apply; events, watershed education curriculum or lessons, community science, artist and artmaking, technology, storytelling.)

Indicate the water quality issues your project or program will address through education or actions. (Check all that apply; trash reduction, nutrient reduction, sediment reduction, chloride/salt reduction, climate resilience, ecosystem health – restoration / aquatic invasive species reduction, other.)

Will your project or program take place at or near a waterbody in CRWD? Reference our map of CRWD to ensure waterbodies are in CRWD. If yes, describe where.

Describe how your project helps CRWD's mission to protect, manage, and improve water resources of the District.

Project summary

Provide a descriptive summary of your project or program and explain how you plan to implement the engagement methods and address water quality issues indicated in the previous questions. (250-word limit) Note: Native plantings, rain gardens and water reuse projects are not eligible for Partner Grant funding. For more information on resources for those projects, visit CRWD's Clean Water Project Grant Program.)

Project Outcomes
(List all engagement outcomes planned. Examples; # of attendees, # water commitments, water education resources developed, fabrication of any art, water related communication resources, water resources visited, lbs. of trash collected, phosphorus reductions, chloride reduction, communication resources, or winter maintenance tools.)

Expected Number of People Served with CRWD Funding.
(List only the total number of people you expect to serve with CRWD funds. This information is used in part to determine the cost per participant and to compare project deliverables across proposals during the review process.)

Project Schedule
(Please provide an estimate monthly schedule for your project. Note: you can propose a project that is a one-time event, a series of events, or an on-going program. You have two years to conduct your project. Note: Final Reports will be due no later than November 30th of the year your project is completed.)

List any other project partners and describe their involvement.

Total Project Costs
Please create and upload a project budget using the form linked below; Partner Grant Project Budget Template. Then enter the totals for staff time and material expenses on this page. Complete your budget details to the best of your ability with your expectations. Specific suppliers or retailers do not need to be listed unless already known and confirmed.

Total Requested Funding for Staff

Total Requested Funding for Materials or Other Expenses

Total Requested CRWD Funding