



Pelican River

CostShare APPLICATION

PELICAN RIVER
watershed district

211 Holmes Street West, Suite 201
Detroit Lakes, MN 56501
(218) 846-0436
www.prwd.org

Landowner Information:

Name of Landowner(s): _____

Project Address: _____ Parcel #: _____

Mailing Address (if different from above) _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Nearest Lake or Stream: _____

Project Type: RAINGARDEN, SHORELINE RESTORATION, NATIVE PLANTING RESTORATION, AND NATIVE BUFFERS

Project dates: _____

Estimated cost of Project: _____ Estimated cost of plants and plant materials: _____

Give a 2-3 sentence summary of request: _____

Proposal Information: USE ADDITIONAL SHEETS AS NECESSARY

1. Describe your property and past management of the land: _____

2. Describe the issue to be addressed: _____

3. Describe the project objectives and expected outcomes: _____



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Project *Details:*

1. Attach a project work plan with timeline.
2. Attach a project budget and detailed plant list if available.
3. Attach photos of the project site.
4. How will the project be maintained (attach signed maintenance agreement)?

Public *Outreach:*

Would you allow a small sign to be placed near the project when complete?

Permitting:

Does this project require PRWD, City of Detroit Lakes, or Becker County Permit?

AUTHORIZATION *Please Initial:*

- _____ I understand that it is District policy to only provide cost share assistance for Minnesota native plants (trees, seeding, plant plugs, shrubs) and erosion control and planting materials such as coir logs, erosion matting and blankets, mulch, and anything else deemed appropriate by the PRWD.
- _____ I understand that the District is not obligated to fund my project or portions of my project.
- _____ I understand that the District Board of Managers must approve all reimbursement payments pertaining to my project, and that the District is allowed 45 days to process a payment.
- _____ I understand that failure on my part to maintain the project for five years past the completion date may result in the District requiring all or a portion of my allotted cost share to be recovered, and it will be the District's discretion to determine the amount recovered.

Signature:

Date: