# Planning Grant Application

Date of Application:Click here to enter text.

Project Name: Click here to enter text.

**Is your project inside the MWMO boundaries** (<http://mwmo.org/learn/find-your-watershed/>)**?**   Yes  No

**Are you one of the following eligible applicants?**  Yes  No

* Nonprofit organization
* Recognized neighborhood group
* Business or professional association
* School
* Local government agency
* Other (please describe):

Eligible applicants may not serve a dual role as project manager and project consultant.

Refer to [*Stewardship Fund Grants Eligibility Requirements*](http://mwmo.org/grants/stewardship-fund-grants/eligibility/) for more information and full eligibility requirements.

Note: Some of the following questions may or may not be applicable to your proposed idea. Complete the application to the extent possible. The space where you enter your responses will expand as you type.

## Project Narrative:

1. **Please describe your project idea.** In order to better understand your project, please provide any additional support materials as attachments.

Click here to enter text.

1. **Please list additional project partners.** Upon Full Application, you may be asked to provide letters of support from these partners.

Click here to enter text.

## Project Location:

1. **Please provide the address or description of the area where the project will be located.** Please provide any known information regarding the history of land use at the project location. **Attach** location map with specific area of work denoted. If submitting digitally, please feel free to include a link to an online map of the location.

Click here to enter text.

1. **Are you the property owner?**  Yes  No
   * If no, please **attach** a letter that includes permission, interest, and commitment from the property owner for the work being completed on the property. A signature from the individual who has the power to grant permission for the proposed activities is required on the letter.

Project Funding:

Planning Grants require a 25% match. More information is available in the [*Budget Form Directions*](http://cdn.mwmo.org/wp-content/uploads/2016/03/Budget_Form_Instructions_2015.pdf).

1. **List amount of grant funds requested (up to $10,000):**

$ Click here to enter text.

1. **Complete the** [**Stewardship Fund Budget Form**](http://cdn.mwmo.org/wp-content/uploads/2016/03/SF-BudgetForm.xls)**.** If you have questions, please refer to the [Budget Form Directions](http://www.mwmo.org/Budget_Form_Instructions_2015.pdf) document, or contact MWMO staff.
2. **Please list any additional funding sources that will be used toward the total project budget**:

Click here to enter text.

## Project Timeline:

1. **Please complete the following table to describe the project timeline:**

|  |  |  |
| --- | --- | --- |
| Start Date | End Date | Major Activity |
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## Demonstration of Public Value:

1. **If community input has been received in regard to your project, please describe the process and outcomes:**

Click here to enter text.

1. **Please describe specific, public education or outreach opportunities the project may create and their intended audience:**

Click here to enter text.

1. **Please describe how the project will be monitored or evaluated for effectiveness or success:**

Click here to enter text.

## Detailed Applicant Information:

1. **Please provide eligible applicant name & contact information:** (The person that would handle the contractual and financial aspects of the Grant)

**Organization:** Click here to enter text.

**Contact Person:** Click here to enter text.

**Address:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Summary of role or qualifications to act on behalf of the organization:** Click here to enter text.

1. **Please provide Project Manager name & contact information:** (The person that will be following the project status and will be the main contact for MWMO Staff to get project updates)

**Organization:** Click here to enter text.

**Contact Person:** Click here to enter text.

**Address:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Summary of role or qualifications to act on behalf of the organization:** Click here to enter text.

1. **How did you hear about the MWMO Stewardship Fund?**

Partner Organization

MWMO Staff/Website

Email Blast/Social Media

Other, please note: Click here to enter text.

Thank you for taking the time to fill out this Application. If you have questions about the Stewardship Fund program, or the Application, please contact staff listed below.

**Please submit Application electronically (Word or PDF) to:**

Marcy Bean

Capital Projects & Stewardship Specialist

[**mbean@mwmo.org**](mailto:mbean@mwmo.org?subject=Stewardship%20Fund%20Action%20Grant%20Pre-Application)

Direct: 612-746-4979

**Or submit paper copies to:**

Mississippi Watershed Management Organization

Attn: Marcy Bean

2522 Marshall Street NE

Minneapolis, MN 55418-3329

## CHECKLIST:

Confirm the project is within the geographic location of the MWMO: <http://mwmo.org/learn/find-your-watershed/>

Confirm that you are aware that the project will require a 25% fund match, and list the funding source(s)

Complete the Stewardship Fund Budget Form

In order to better understand your project, supplemental attachments may be included for MWMO information. These items will be required if the project is selected for a Full Application.

Additional project information attached (check all that apply):

Map of specific parcels on which the project would occur

Feasibility studies

Technical drawings

Site plan

Planting plan and plant lists

Soil borings and/or assessments

Phase I or Phase II site investigations

Stormwater management calculations

Site photographs

Other (please specify):

Stormwater management calculations

Site photographs

Other (please specify): Click here to enter text.