



CITY OF BURNSVILLE
100 CIVIC CENTER PARKWAY • BURNSVILLE, MN 55337

**2016 Neighborhood Water Resources
Enhancement Grant Application**

Application deadline: 3:30 PM on Monday, May 8, 2017

Please email, mail or fax application to:

Liz Forbes
City of Burnsville
13713 Frontier Ct.
Burnsville, MN 55337

Or drop off application in person:

City of Burnsville Maintenance Facility
Location: 13713 Frontier Court
Hours: Monday-Friday, 7:00 am – 3:30 pm.

Email: liz.forbes@burnsvillemn.gov
Fax: 952-895-4531

***Grant request not to exceed \$1,000.** Award decisions will be made within 2 weeks of application deadline.
Funds will be used for reimbursement of expenses incurred by the applicant(s) upon completion of the project.*

1. GENERAL INFORMATION

Lead Applicant Name: _____

Organization (if applicable): _____

Address: _____

Phone: _____ Fax: _____

E-mail address: _____

[You will be notified by email whether or not your project was awarded a grant. If no email provided, a letter will be mailed.]

Project Title: _____

Project Type (check all that apply):

Rain garden Shoreline restoration Native garden/planting Other: _____

Project Location: _____

Estimated Cost of Project: _____

Amount Requested from City (up to \$1,000): _____

Other Sources of Funding: _____

Are you applying for a grant from Dakota County? Yes No

If yes, for which round are you applying? Round 1 Round 2 Round 3

2. PROJECT DESCRIPTION

a) Please describe the primary purpose of your project (attach additional pages if necessary):

b) List the Action Steps necessary to complete your project (plan, install, maintain, educate):

c) Outline the time frame (estimated dates) for completing your project:

d) List the main outcome or benefits of your project:

3. BUDGET: Please provide a breakdown of expected costs.

A. **Supplies** (plants, seeds, landscape materials, other)

Item/Description

Estimated Cost

B. **Equipment**

Item/Description

Estimated Cost

C. **Miscellaneous**

Item/Description

Estimated Cost

2. PARTNERS: Please list all participants in this project and their role.

3. SKETCH/PLAN: ** Please include a sketch or plan of your proposed project with the application**

4. SIGNATURES

I certify that to the best of my knowledge and belief the information contained in this application is true, complete and accurate.

Name of Applicant (Main contact)

Signature

Date

Name of Additional Property Owner

Signature

Date

Name of Additional Property Owner

Signature

Date

Name of Additional Property Owner

Signature

Date