

2018 Plant Grant Program Application & Contract

Comfort Lake - Forest Lake Watershed District



Applicant (to be completed by landowner)

| | | | |
|----------------|---------|------------|----------|
| Landowner Name | Address | City/State | Zip code |
| Email | | Phone | |

* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Project Location (if different)

| | | |
|---------|------------|----------|
| Address | City/State | Zip code |
|---------|------------|----------|

* Project location must be owned by landowner listed above.

Contract Information

I (we), the undersigned, do hereby request plant grant assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. **CLFLWD's Plant Grant Program is a Reimbursement Program.** Applicants will be reimbursed for the contract amount upon successful completion of the project and submission of all required documentation.
2. Practice(s) must be planned and installed in accordance with technical standards and specifications of the Technical Representative. The landowner must notify the technical representative at least three days before installation begins.
3. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost share payments.
4. This contract, when approved by the CLFLWD board, will remain in effect unless canceled by mutual agreement, except where installations of practices covered by this contract have not been started within **1 year following Board approval of this contract**, this contract will be automatically terminated on that date. Practices will be installed by **2 years following Board approval of this contract** unless this contract is amended by mutual consent to reschedule the work and funding.
5. Items of cost for which reimbursement is claimed are to be supported by invoices/receipts for payments and will be verified by the organization board as practical and reasonable. This program will only provide reimbursement for the cost of plants that are native to Minnesota. Reimbursement will not be granted for the purchase of cultivar plants. The organization board has the authority to make adjustments to the costs submitted for reimbursement.
6. The CLFLWD and its technical advisors do not warrant the design of the installation including the structural soundness thereof. The landowner should have a proposed design reviewed by its own technical advisor if such a warranty is desired. In particular, shoreline and streambank work exists in a dynamic environment and is subject to unpredictable forces such as, but not limited to, water and wave action, ice heaving and ice ridge formation. The CLFLWD will evaluate the suitability of a proposed



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installation for its environment to ensure that its cost-share funds are prudently applied, but it is not responsible to the landowner for the effect of such phenomena on the installation.

Applicant Signatures

The landowner's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Not accept cost-share funds, from state and federal sources combined, that are in excess of **100%** percent of the total cost to establish the conservation practice and provide copies of all forms and contracts pertinent to any other state or federal programs that are contributing funds toward this project.

| | |
|------|-----------|
| Date | Landowner |
|------|-----------|

Amount Authorized for Financial Assistance (to be completed by CLFLWD)

The CLFLWD cost-share selection subcommittee has authorized the following for financial assistance, total not to exceed the overall percent listed indicated in 3, above.

\$ _____ from _____
Enter program name and fiscal year

\$ _____ from _____
Enter program name and fiscal year

\$ _____ from _____
Enter program name and fiscal year

| | | |
|------|----------------------|-------------------------------|
| Date | Authorized Signature | Total Amount Authorized \$ |
|------|----------------------|-------------------------------|

CLFLWD Contact Information

| | | | |
|--|--|-------------------------------|-------------------|
| Name, Title Mike Kinney, District Administrator | Address 44 Lake Street South, Suite A | City/State Forest Lake, MN | Zip code 55025 |
| Email Michael.Kinney@clflwd.org | | Phone 651-395-5855 | |

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|-------------|--|-------------------------------|-------------------|
| Name, Title | Address 44 Lake Street South, Suite A | City/State Forest Lake, MN | Zip code 55025 |
| Email | | Phone | |