



RESIDENTIAL COST SHARE APPLICATION

The Prior Lake-Spring Lake Watershed District will reimburse residents up to \$250 for the installation of eligible water quality practices. **BEFORE YOU START YOUR PROJECT**, please fill out & submit this form to info@plslwd.org to determine if you are eligible.

Contact Information

Name: _____

Address: _____

Phone: _____ Email: _____

Where did you hear about the District's cost-share program? _____

Project Information

Please select project:

Buffer = \$250 Maximum Reimbursement

Project Address (if different than above): _____

Buffer Project Description (if applicable):

Include approximate size, general location on property, proposed number/types of plants, etc. Attach additional maps/information as necessary.

Anticipated Project Completion Date: _____

Next Steps

1. **Complete, sign and submit this form** to the PLSLWD, via email to info@plslwd.org (scanned with signature), or mail to 4646 Dakota Street SE, Prior Lake, MN 55372.
2. A PLSLWD representative will contact you to set up a visit to your proposed project location.
3. If the project meets the requirements of the PLSLWD (see below) and funds are available, a representative will approve the project by signing this form and then will provide you with a copy.
4. Construct and/or implement your practice.
5. Contact the PLSLWD to schedule a second visit to verify correct installation of your project.
6. If the project is satisfactorily completed, a PLSLWD representative will approve disbursement of funds by signing this document a second time and then will provide you with a copy.
7. The District will issue you a check following the next scheduled Board Meeting.

Terms & Conditions

To be eligible for the Residential Cost-Share available from the District, the following conditions must be met:

1. This form must be completed and signed by a District representative **prior to purchase/installation**.
2. **Eligible practices must be within the boundary of the Prior Lake-Spring Lake Watershed District.**
3. Technical review from an approved source (e.g. Scott SWCD) may be required before the District approves an application.
4. Buffers are the current practice which may be eligible for cost-share.
5. Residents are eligible for one cost-share reimbursement per practice per household per year.

Applicant Signature: _____

Print Name: _____

Date: _____

For Office Use Only:

Application Approved By PLSLWD: _____

Print Name: _____

Date: _____

Disbursement Approved By PLSLWD: _____

Print Name: _____

Date: _____

Project Verified
Date:
Initials: