



2020 Application Deadline:

Round 1 – Monday, May 4 by 3:30 p.m.

Round 2 – Wednesday, July 15 by 3:30 p.m.

Please indicate which funding round you are applying for

Please email, mail or fax application to:

Linnea Wier linnea.wier@burnsvillemn.gov
City of Burnsville
13713 Frontier Ct. Fax: 952-895-4518
Burnsville, MN 55337

1. GENERAL INFORMATION

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):

Raingarden Shoreline restoration Native garden/planting Other: _____

Project Location (if different than applicant's address):

Project Size (sq. ft.): _____ Drainage Area* (sq. ft.): _____

Total Project Cost Estimate: _____

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

Have you applied for the City grant before? YES NO Year (if known): _____

Are you applying for a \$250 Landscaping for Clean Water Grant from the Dakota County SWCD?

YES NO If YES, for which round are you applying? Round 1 Round 2

Other Sources of Funding: _____

3. BUDGET: Please provide a detailed breakdown of expected costs. Use the space below or attach a separate document.

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

Item/Description

Estimated Cost

B. **Equipment**

Item/Description

Estimated Cost

C. **Miscellaneous**

Item/Description

Estimated Cost

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

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

6. 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