

H.S.I. Application

2019 Program

Application Deadline: June 15, 2019



Applicant Name(s): _____

Mailing Address: _____

Property Location (if different from above):

Name of Lake: _____

Home Phone: _____ Other Phone: _____

Email: _____

Check project type(s):

Glacial Stone Re-facing or New Glacial Stone Seawall
Max Grant \$1,000

Bioengineered/Joint Planting
Max Grant \$1,200

Total Length (in feet) of Project: _____

Total Estimated Project Cost: \$ _____

HSI Grant Amount Requested: \$ _____

Source of Cost Estimate: _____

(Examples: Contractor, Guidance Manual)

Anticipated Project start date (month/year): _____

Anticipated Project Completion Date (month/year): _____

Include at least 2 digital or printed photos of the proposed project site.

If taken with a mobile phone, the photos may also be sent via text message to 574/265-8323.



Project Description (You may attach additional pages if necessary):

Healthy Shorelines Initiative Agreement

In requesting grant assistance from The Watershed Foundation, I hereby certify that:

- I am the owner of the property.
- I agree to provide at least 25% of the total project cost. I understand that reimbursement will be paid upon completion of the project before June 30, 2020 – as well as approval of the final report.
- I understand that permit costs and sales tax are not eligible for reimbursement.
- I agree to submit a final report with photos and maintain the project for a minimum of ten (10) years and will reimburse funds to TWF if I fail to do so.
- I agree to place a Healthy Shoreline sign (provided by TWF) along my lakefront for at least one boating season.
- I agree that photos of my project may be used for promotional purposes by The Watershed Foundation in print and electronic media.

Signature of Property Owner: _____

Printed Name of Property Owner: _____ Date: _____

**Submit Application & Photos by
June 15, 2019 to:**
admin@watershedfoundation.org
The Watershed Foundation
PO Box 55
North Webster, IN 46555

