

# H.S.I. Application

## 2024 Program

**Application Deadline: August 1, 2024**



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 \$1,000

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 574/453-2113.



[www.watershedfoundation.org](http://www.watershedfoundation.org)



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

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## Healthy Shorelines Initiative Agreement

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

- I am the owner of the property.
- I am a member in good standing of the Center Lake Conservation Association, Chapman Lake Conservation Association, Pike Lake Association, or Winona Lake Preservation Association.
- 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 September 30, 2025 – 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 complete and sign the State of Indiana 319-U Urban Cost-Share Form.
- 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  
August 1, 2024 to:**

[admin@watershedfoundation.org](mailto:admin@watershedfoundation.org)

The Watershed Foundation  
PO Box 55  
North Webster, IN 46555

