H.S.I. Application

2026 Program

Application Deadline: August 1

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 be sent via text message to Caitlin Yoder, TWF Watershed Coordinator at (574) 306-8167.

THE WATERSHED FOUNDATION

www.WatershedFoundation.org

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 September 30, 2027 – as well as approval of the final report.
- ❑ I understand that permit costs and sales tax are not eligible for reimbursement.
- ❑ I am a member in good standing with my local lake association.
- ❑ 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 August 1, 2026 to:

Coordinator@WatershedFoundation.org

<<or mail to>>
The Watershed Foundation
PO Box 55
North Webster, IN 46555

TWF THE WATERSHED FOUNDATION
HEALTHY SHORELINE