



Nine Mile Creek Discovery Point

12800 Gerard Drive

Eden Prairie, MN 55346

(952) 835-2078

www.ninemilecreek.org

COST SHARE APPLICATION

LANDOWNER INFORMATION

Name of Landowner(s):	
Address:	
Cite, State, Zip:	
Primary Phone:	Secondary Phone:
Email:	
Primary Contact Person (if different than above):	
Phone:	Email:

TYPE OF APPLICANT (please check applicable box):

- Residential 501(c)(3) nonprofit Business or corporation
- Association School Public agency or local government unit

PROPOSAL INFORMATION

Project Type (e.g. raingarden, shoreline restoration):	
Give a 2-3 sentence summary of request:	
Project Dates:	
Dollar amount requested:	Total project budget:
Legal description of property for deed records:	

AUTHORIZATION

Name of landowner or responsible party:

Signature: _____ Date:

1. LANDOWNER NARRATIVE

a. Describe your property, history of the site and the past management of the land.

b. List other key participants or partners and their roles.

2. PROJECT NARRATIVE

a. Describe the issue to be addressed.

b. Describe the project objectives and expected outcomes.

c. Describe how the project objectives support one or more of the Cost Share Program purposes.

3. PROJECT DETAILS

- a. Attach a project work plan with timeline.
- b. Attach a Project Plan (see Cost Share Guidelines for details).
- c. Attach an aerial photo showing project location (see Cost Share Guidelines for details).
- d. Attach a project budget.
- e. Attach a detailed plant list, if applicable.
- f. How will the project be maintained into the future?

4. PROJECT EVALUATION

- a. Describe how the project will be monitored and evaluated.

b. How will the results be shared and with whom?

c. What additional project(s) could be initiated because of this project?

How did you hear about the Cost Share Program? Please be as specific as possible.

COST ESTIMATING WORKSHEET

LABOR COSTS (CONTRACTORS, CONSULTANTS, IN-KIND LABOR)

Service Provider	Task	# Hours	Rate/Hour	Requested Funds from NMCWD	Matching / In-Kind Funds	Total
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
Total:				\$	\$	\$

PROJECT MATERIALS

Materials	Unit Costs	Total # of Units	Requested Funds from NMCWD	Matching / In-Kind Funds	Total
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Total:			\$	\$	\$

(A) Total Requested Funds from NMCWD*: \$_____ (Labor + Project Materials)

(B) Total Matching/In-Kind Funds: \$_____ (Labor + Project Materials)

(C) Project Total: \$_____ (A + B)

***Please note: total requested funds (A) cannot be more than 75% of the Project Total (C).**

If you have questions about the Cost Estimating Worksheet, please contact the Nine Mile Creek Watershed District office at 952-358-2276.

EXAMPLE COST ESTIMATING WORKSHEET

LABOR COSTS (CONTRACTORS, CONSULTANTS, IN-KIND LABOR)

Service Provider	Task	# Hours	Rate/Hour	Requested Funds from NMCWD	Matching / In-Kind Funds	Total
Homeowner	Installation of 100 sq ft raingarden	10	\$10.00/hr	\$	\$100.00	\$100.00
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
			\$ /hr	\$	\$	\$
Totals:				\$	\$100.00	\$100.00

PROJECT MATERIALS

Materials	Unit Costs	Total # of Units	Requested Funds from NMCWD	Matching / In-Kind Funds	Total
3.5" Native Plants	\$4.50	100	\$450.00	\$	\$450.00
Compost	\$2.00	15	\$30.00	\$	\$30.00
Wood Mulch	\$100.00	1	\$	\$100.00	\$100.00
Edging	\$20.00	1	\$20.00	\$	\$20.00
Flex-a-Spout	\$9.50	1	\$9.50	\$	\$9.50
River Rock	\$3.00	5	\$15.00	\$	\$15.00
			\$	\$	\$
Totals:			\$524.50	\$100.00	\$624.50

(A) Total Requested Funds from NMCWD*: \$524.50 (Labor + Project Materials)

(B) Total Matching/In-Kind Funds: \$200.00 (Labor + Project Materials)

(C) Project Total: \$724.50 (A + B)