

Coon Creek Watershed District (CCWD)  
 13632 Van Buren St NE  
 Ham Lake, MN 55304  
 763.755.0975  
 763.755.0283 (fax)

Office Use: GAN \_\_\_\_\_  
 Amount Awarded \_\_\_\_\_  
 Funding Agreement signed \_\_\_\_\_  
 Date Project Completed \_\_\_\_\_  
 Grant reimbursed \_\_\_\_\_

# Water Education Grant Application

## Project Information use additional pages, if needed

**Title** \_\_\_\_\_

**Purpose** \_\_\_\_\_

*How will this project increase knowledge or activities concerning the watershed, water resources, or water quality?* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Goal(s) -** \_\_\_\_\_

*See Information Sheet:* \_\_\_\_\_

**Information-** *what topic(s) the watershed? watershed district? compatible uses of its water resources? how people can help in water resource management? ways to improve water quality?* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Activities** *what will happen?* \_\_\_\_\_

**Audience(s)** *who will benefit?* \_\_\_\_\_

**Timeframe** *month/year (s)* \_\_\_\_\_

**Need** \_\_\_\_\_

*Please describe the reason you are requesting funds* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Amount Requested** \$ \_\_\_\_\_

## Contact Information

<b>Contact Name, Title</b>	
<b>Organization</b>	
<b>Contact Phone(s)</b>	
<b>Mailing Address</b>	
<b>Email address</b>	
<b>Who is responsible for signing the Funding Agreement?</b>	

**Signature, date:** \_\_\_\_\_

**Note:** Applicant is required to provide CCWD a project Summary or information about results within 30 days of completion