## CARVER SOIL AND WATER CONSERVATION DISTRICT



## **CSWCD Pollinator Habitat Improvement Program Application**

Applicant(s) Name(s):		
Home Address:		
Phone:		
Property ID Number (PID)		
Email:		
Address of Project if different then your home address:		
Have you had a site visit with C	SWCD Staff?	
Yes		
Are all plants being used native	e to the Midwest?	
Yes		
Will there be at least 3 blooming	ng species per season?	
Yes		
Is the project over 500 square f	eet	
Yes		The state of the s
The project will be maintained	for at least 10 years	

Yes

Total Pollinator Project Cost:					
Estimated Start Date:					
Estimated Completion Date:					
Please describe the project in detail:					
Total Square feet being converte	ed into pollinator habitat:				
Total Square feet of lawn being	converted:				
How will your project increase awareness of the importance of pollinator habitat?					

Could we highlight you	ır project on a tour o	or training event?	
Yes			
May we share your pro	ject with the commu	ınity on our website, s	ocial media, or other media?
Yes			
,		-	es, common name, and quantity), ng areas). <i>MUST be approved by SWCI</i>
Yes			
I understand that if my agreement to maintain			anization will enter into 10 year
Yes			
Project will not begin un agreement has been sign		ed by Carver SWCD bo	oard and contract as well as maintenance
Yes			
Have you applied for a	ny other grant fundi	ng for the project? (St	ate or Local)
Yes	No		
Landowner Signature:			Date: