

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

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

Signature, date: _____

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