

Soil Health Grant Application



Submit completed application to:
Lauren Sampedro
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Applicant Information:

Name:	
Address:	
City/Township, State, Zip:	
Phone:	
Email:	

Project Summary:

ESTIMATED TOTAL PROJECT COST (\$)	
AMOUNT REQUESTED (\$1,000 MAX or \$1,250 in Priority Area)	
EXPECTED PROJECT COMPLETION (Month, Year)	

PROJECT TYPE:

- Downspout/Small
Raingarden
- Native Restoration/
Pollinator Garden
- Turfgrass
Replacement
- Other

If other, please describe
the proposed project: _____

Project Background:

Describe your property. What is the purpose of your project? Does your property connect to a lake, stream, ditch, or wetland in VLAWMO?	
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Project Background: Continued

<p>Describe how your project will support the goals of the Soil Health Grant Program. (See grant policy)</p>	
<p>Briefly describe the planned installation and maintenance activities for your project.</p>	

Project Specifications:

<p>TOTAL PROPERTY AREA (Acres)</p>	
<p>Total PROJECT SIZE (SQ FT)</p>	
<p>IF APPLICABLE: DEPTH OF RAINGARDEN BASIN (Inches)</p>	



Required Attachments:

- ⇒ Detailed drawing or plan of the proposed project.
- ⇒ Detailed project budget estimate with itemized costs and materials that equal your total estimated cost.

VLAWMO Soil Health Grant Agreement



It is understood that:

1. The grantee is responsible for maintaining the project for at least 5 years after its installation. VLAWMO is not responsible for completing maintenance activities.
2. The grantee will participate in VLAWMO's outreach and project sharing efforts.
3. A project may be visited and inspected by a VLAWMO representative during the 5-year maintenance period.
4. Grant awards will expire within 1 year of grant approval unless the project is extended with VLAWMO approval.

The applicant's signature indicates their agreement to the above terms and certifies the grant application information is true and accurate. A VLAWMO staff signature will constitute an approved and executed grant agreement between the grantee and the VLAWMO.

Applicant/Grantee

Signature _____ Date _____

Print _____

VLAWMO Staff

Signature _____ Date _____

Print _____