

HERON LAKE WATERSHED DISTRICT  
PO Box 345  
Heron Lake, MN 56137  
507-793-2462

Rain Garden  
Cost-Share Assistance Agreement

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**Applicant's Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Address (Street, Box Number, City, State, Zip:)** \_\_\_\_\_

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**Project Location:**

**Section** \_\_\_\_\_

**Township** \_\_\_\_\_

**County** \_\_\_\_\_

**City** \_\_\_\_\_

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**Description of Work to be Done:**

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**Attach:**  
**Diagram of Rain Garden**

**Plant and Materials List**

**Cost Estimate**

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I understand that cost-share is not guaranteed until my application and cost-estimate have been reviewed and accepted by the Board of Managers of the HLWD.

I understand that this rain garden will need to be maintained, by me, in working order for a minimum effective life span of five years. Failure of this rain garden due to negligence could result in repayment of cost-share collars provided by the HLWD.

I understand that I am the owner of this project and I assume responsibility for all negotiations and agreements with the contractor(s).

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**Signature of Owner or Authorized Agent:**

**Date:**

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