

LaPorte Healthy Shores Initiative Application



Applicant Name(s): _____

Mailing Address:

Property Location (*if different from above*):

Name of Lake: _____

Home Phone: _____ Other Phone: _____

Email: _____

This project was
made possible
by:



Check project type(s):

Glacial Stone Re-facing or New Glacial Stone Seawall
Max Grant \$1,000

Bioengineered/Joint Planting
Max Grant \$1,200

Natural Shoreline Buffer
Max Grant \$500

Total Length (in feet) of Project: _____

Total Estimated Project Cost: \$ _____

HSI Grant Amount Requested: \$ _____

Source of Cost Estimate: _____

(Examples: Contractor, Guidance Manual)

Anticipated Project start date (month/year): _____

Anticipated Project Completion Date (month/year): _____

Include at least 2 digital or printed photos of the proposed project site.



Project Description (You may attach additional pages if necessary):

LaPorte Healthy Shorelines Initiative Agreement

In requesting grant assistance from LaPorte County Soil and Water Conservation District, I hereby certify that:

- I am the owner of the property.
- I agree to provide at least 25% of the total project cost. I understand that reimbursement will be paid upon completion of the project before the agreed upon completion date – as well as approval of the final report.
- I understand that permit costs and sales tax are not eligible for reimbursement.
- I agree to submit a final report with photos and maintain the project for a minimum of ten (10) years and will reimburse funds to LPCoSWCD if I fail to do so.
- I agree to place a Healthy Shoreline sign (provided by LPCoSWCD) along my lakefront for at least one boating season.
- I agree that photos of my project may be used for promotional purposes by LaPorte County SWCD in print and electronic media.

Signature of Property Owner: _____

Printed Name of Property Owner: _____ Date: _____

Submit Application & Photos to: NMessacar@LaPorteCounty.org

or

LaPorte County SWCD, 2857 W. State Road 2, Suite B, La Porte, IN 46350