



Rain Garden Incentive Program Reimbursement Application

City of Isanti
110 1st Ave NW
PO Box 428
Isanti, MN 55040
763-444-5512
www.cityofisanti.us

Property Owner Name: _____ **Project Number:** _____

Property Address: _____

Mailing address (if different then street address):

Before you can be reimbursed for expenses related to your rain garden, the project must be complete. Contact the MS4 Tech when your project is complete to schedule a site visit.

Date Project was Complete (can be approximate): _____

Date of Site Visit: _____

Record *all* expenses eligible for reimbursement incurred during construction of your rain garden. The City of Isanti will reimburse 50% of expenses for which receipts are presented and are eligible under the program guidelines, up to \$500, and not to exceed amount originally approved through application process. Please complete the attached form and submit with receipts by *November 15*. Reimbursement requests received after this date may not be awarded.

You estimated your expenses in the application. Please indicate actual expenses in the tables below, and attach receipts to this form. Note: If multiple sources were used for any of the categories below, please list all that apply.

Material	Source	Expense for Item
<i>Ex: Compost</i>	<i>Home Depot</i>	<i>\$50.00</i>
Soil Amendment		
Mulch		
Extended Downspout		
Buried or overland pipe or drain tile		
Dry creek		
Stone or concrete		
Plant Materials		
Total Expenses		

Allow 4-6 weeks for a reimbursement check to arrive from the date this form is received by the City of Isanti. The check will be sent to the mailing address listed above.