

**Application for a Grant  
from the Minnesota Department of Natural Resources for  
Control of Eurasian watermilfoil or Flowering Rush in 2011**

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Name of lake	County	DOW No. (If unknown, DNR will provide)	Date
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Name of Organization \_\_\_\_\_

If your organization is a Lake Association, is it incorporated? (Yes or NO) \_\_\_\_\_

Federal tax identification number: \_\_\_\_\_

Target Plant:

Eurasian watermilfoil

Flowering Rush

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Name of <b>First Contact</b> person	Telephone number
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E-mail address	Fax number
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Address (No. & Street, RFD, Box No., City, State, Zip Code) \_\_\_\_\_

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Name of <b>Second Contact</b> person	Telephone number
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E-mail address	Fax number
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Address (No. & Street, RFD, Box No., City, State, Zip Code) \_\_\_\_\_

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Description of proposed control of Eurasian watermilfoil or flowering rush. Please be sure to describe method of control, such as the specific herbicide proposed for use; attach additional sheets if necessary.

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**Attach lake map** marked with areas proposed for control of Eurasian watermilfoil. **If you have GIS information on the areas to be controlled, please submit the electronic files of the polygons or areas to the DNR.**

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Proposed date of control

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Description of anticipated benefit of the proposed control