

## Rain Garden Application

**Please Note:** Incomplete applications will not be considered. Be sure to include all requested documents and follow instructions. No faxed applications will be accepted. Applications must be received by June 30, 2006 for implementation in the 2006-2007 school year. Notification of acceptance will be made by September 2006.

### PART I – Applicant Information

Name of School: \_\_\_\_\_

Principal/Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Rain Team Teacher (s) & Grade (s) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (s): \_\_\_\_\_

Project Title: \_\_\_\_\_

### PART II - Project Information

**Project Narrative:** Attach a two or three page description (summary) of the proposed project. Include an explanation regarding the specific need for a Rain Garden at your school. Why do you want to participate in this project?  
*Consider the following:* Does your school have a storm water basin? Will the inclusion of an outdoor classroom enhance instruction? How? How many students will work on the Rain Garden Project? How many potential students/teachers will utilize the site when complete?

### PART III – Appendices

**Contract:** Signed by the school principal agreeing to items #1-7 on the Application Guidelines document.

**Letters of Support:** A letter of support from the Superintendent MUST accompany the application. Attach up to 3 additional letters of support.

**Photographs/Maps:** Include visual images of the school yard to support the need for a Rain Garden. Attach at least 4 but no more than 10 photos. Also include a site plan or sketch showing the proposed Rain Garden location.

Send completed packet by 6/15/06 to:

*Rain Garden Project c/o OCSCD, 714 Lacey Road, Forked River, NJ 08731*

*Questions? Call Christine Raabe at 609-971-7002 or email at [craabe@ocscd.org](mailto:craabe@ocscd.org)*