

**Town of North Hempstead**  
**2021 Native Plant Residential Rebate Pilot Program Application**

**Applicant Information**

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Project Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Project Information**

Use the 'Preparing, Designing and Maintaining Your Native Plant Garden' document for assistance with answering these questions.

**Type of Garden (Rain garden or Native Plant Garden):** \_\_\_\_\_

**Purpose of Garden.** Why do you want to create your rain or native plant garden? Please provide a brief description (1 or 2 sentences) on what you hope to accomplish with your garden.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Garden Dimensions** (For example 10 ft x 5 ft= 50 square feet- garden must be a minimum of 50 square feet total to meet reimbursement requirement):

\_\_\_\_\_ = \_\_\_\_\_ square feet

**Garden Location** (ex. back of house on east corner; submitting an aerial image of your yard with the location indicated is also helpful):

\_\_\_\_\_

**Garden Conditions** (Include sun conditions (full sun, part sun, shade), soil type (ex. sandy, clay, loam) and soil moisture (dry, average/moist, wet) at minimum):

\_\_\_\_\_

**Native Plants List** (Please provide a list of all the native plants you plan to use in your garden and the number of each. This list may change based on availability and if your application is granted you will have the opportunity to provide a final plant list with the final reimbursement documents. Please see 'Native Plant List' document for information on plants and to determine what plants will be reimbursable.)

Ex. Butterfly weed (*Asclepias tuberosa*)- 10 plants  
Goldenrod (*Solidago* sp.)- 10 plants

Flowering Perennials

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

Grasses/ Sedges/ Rushes

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Trees and Shrubs

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Ferns

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Approximate Budget:** Please provide the amount of money you are proposing to spend on native plants for your garden. This is the maximum amount of money you will be approved to be reimbursed for even though

you may spend more. If you spend less than this amount, you will be reimbursed for the lower amount. Utilize your plant list as well as research on plant costs to determine the total budget needed.

\$ \_\_\_\_\_

**Basic Garden Layout** (Please see ‘Preparing, Designing and Maintaining Your Native Plant Garden’ document for information on how to create this.)

**Required Attachments:**

- Proof of residency in the Town of North Hempstead
- Photograph(s) of proposed garden location (aerial image if possible)
- Basic garden layout

**Declaration**

I have read and agree to all information provided in the document entitled ‘Town of North Hempstead Native Plant Residential Rebate Pilot Program 2021 Terms and Conditions’ and certify that the information provided in and with this application is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send completed application and all attachments to:**

**Email (preferred):**

[Sustain@northhempsteadny.gov](mailto:Sustain@northhempsteadny.gov)

**Mail:**

Town of North Hempstead  
Department of Planning and Environmental Protection  
210 Plandome Road  
Manhasset, NY 11030  
Attn: Meagan Fastuca