

SOIL AND WATER RESOURCE MANAGEMENT GRANT PROGRAM

Cost-Share Grant Application

Section 92.14, Wis. Stats.

For use to document request for cost-share assistance
related to LWRM Plan implementation.

Eligibility determined by LCD

NAME OF COUNTY:

GENERAL INFORMATION

APPLICANT NAME AND ADDRESS:	TYPE OF COST-SHARE: check all that apply 1. INSTALLATION AND MAINTENANCE <input type="checkbox"/> 2. LAND TAKEN OUT OF PRODUCTION (including CREP equivalent payment) <input type="checkbox"/> 3. OTHER (with DATCP approval) <input type="checkbox"/>
PHONE NUMBER (include area code):	ESTIMATED COST:
CHECK THAT WHICH APPLIES: LANDOWNER <input type="checkbox"/> GRANT RECIPIENT <input type="checkbox"/>	ESTIMATED COMPLETION DATE:

REQUEST FOR COST SHARE GRANT

I wish to apply for a cost-share grant from the _____ County Land Conservation Department. I understand that the purpose of this grant is to improve water quality through implementation of accepted conservation practices. I also understand that this determination does not obligate me to participate in the program nor does it obligate the _____ County Land Conservation Department to provide cost sharing to me.

APPLICANT SIGNATURE (landowner):	DATE:
APPLICANT SIGNATURE (grant recipient, if applicable):	DATE:

DETERMINATION OF ELIGIBILITY (OFFICE USE ONLY)

This applicant is: <input type="checkbox"/> Eligible until _____, _____. <input type="checkbox"/> Ineligible to receive a cost share grant.		
SIGNATURE OF COUNTY REPRESENTATIVE:	TITLE:	DATE: