

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 <input type="checkbox"/> (including CREP equivalent payment) 3. OTHER (with DATCP approval) <input type="checkbox"/>
PHONE NUMBER (include area code):	ESTIMATED COST: \$
CHECK WHICHEVER APPLIES: LANDOWNER <input type="checkbox"/> GRANT RECIPIENT <input type="checkbox"/>	ESTIMATED COMPLETION DATE:
	If applicable, indicate location of cost-share project <input type="checkbox"/> Land owned by a local governmental unit, as defined by ATCP 50.01(17), subject to 50% cap. <input type="checkbox"/> Farm land eligible for 70% rate for practice listed in ATCP 50.42(1)(dg)

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: