

GRANT COUNTY RESOURCE MANAGEMENT GRANT PROGRAM General County Cost-Share Application

Section 92.14, Wis. Stats.

For use to document request for cost-share assistance related to LWRM Plan implementation.
Eligibility determined by CSZD

COST SHARE PROGRAM: COUNTY SWRM MDV

CHECK THAT WHICH APPLIES: LANDOWNER GRANT RECIPIENT

GENERAL INFORMATION

APPLICANT AND SPOUSE NAME AND ADDRESS: PHONE NUMBER:	TYPE OF COST-SHARE: check all that apply 1. INSTALLATION OR 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"/>
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TOWNSHIP:	DATCP WATERSHED CODE:	Estimated Cost: \$ _____	Actual Cost: \$ _____
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LEGAL DESCRIPTION (1/4, 1/4, SECTION, T/R & Parcel Id Number)	County Cost Share Requested: \$ _____ %	SWRM Cost Share Requested: \$ _____ %
	_____ Cost Share Requested: \$ _____ %	Landowner Share: \$ _____ %

PRACTICE TO BE INSTALLED (Include units, depth, diameter, animal numbers, acres, etc. Attach aerial photo showing location):

Tons of Soil Loss/Year (If Applicable):

REQUEST FOR COST SHARE GRANT

I wish to apply for a cost-share grant from the Grant County Conservation, Sanitation & Zoning Dept. 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 Grant County Conservation Sanitation & Zoning Dept. to provide cost sharing to me.

APPLICANT SIGNATURE (landowner): X	DATE: X
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APPLICANT SIGNATURE (grant recipient, if applicable):	DATE:
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DETERMINATION OF APPROVAL (OFFICE USE ONLY)

This applicant is tentatively approved for the above amount requested until _____, ____.

SIGNATURE OF COUNTY REPRESENTATIVE:	TITLE: Committee Chair	DATE:
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The LWCC approves payment in the amount of \$ _____ (County), \$ _____ (SWRM)

SIGNATURE OF COUNTY REPRESENTATIVE:	TITLE: Committee Chair	DATE:
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