

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 Crawford County LCD

CRAWFORD COUNTY LAND CONSERVATION DEPARTMENT
225 N. BEAUMONT RD., SUITE 230, PRAIRIE DU CHIEN WI 53821

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"/> Project Type:
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 Crawford 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 Crawford 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 December, 2018. <input type="checkbox"/> Ineligible to receive a cost share grant.		
SIGNATURE OF COUNTY REPRESENTATIVE:	TITLE:	DATE: