

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	GREEN
----------------	--------------

GENERAL INFORMATION	
APPLICANT NAME AND ADDRESS:	PRACTICE APPLIED FOR
PHONE NUMBER (include area code):	SOCIAL SECURITY NUMBER

REQUEST FOR COST SHARE GRANT	
I wish to apply for a cost-share grant from the Green 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 Green 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: