

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):	ESTIMATED COST: \$
CHECK THAT WHICH APPLIES: LANDOWNER <input type="checkbox"/> GRANT RECIPIENT <input type="checkbox"/>	SOCIAL SECURITY NUMBER:

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