

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: |