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 LCPZD

CRAWFORD COUNTY LCPZD

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 2. LAND TAKEN OUT OF PRODUCTION (including CREP equivalent payment) 3. OTHER (with DATCP approval) Project Type: | |
| PHONE NUMBER (include area code): | ESTIMATED COST: \$ | |
| CHECK WHICHEVER APPLIES: | ESTIMATED COMPLETION DATE: | |
| | If applicable, indicate location of cost-share project Land owned by a local governmental unit, as defined by ATCP 50.01(17), subject to 50% cap. 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 Planning and Zoning 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 Planning and Zoning 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: Eligible until December, 2023. Ineligible to receive a cost share grant. | | | |
| SIGNATURE OF COUNTY REPRESENTATIVE: | TITLE: | DATE: | |

This data sheet was drafted in February 2006 by the Wisconsin Department of Agriculture, Trade and Consumer Protection