

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: <p style="text-align: center;">PEPIN</p>

GENERAL INFORMATION	
APPLICANT NAME AND ADDRESS	TYPE OF COST-SHARE: check all that apply 1. INSTALLATION AND MAINTENANCE <input checked="" type="checkbox"/> 2. LAND TAKEN OUT OF PRODUCTION (including CREP equivalent payment) <input type="checkbox"/> 3. OTHER (with DATCP approval) <input type="checkbox"/>
PHONE NUMBER	ESTIMATED COST
CHECK THAT WHICH APPLIES: LANDOWNER <input type="checkbox"/> GRANT RECIPIENT <input type="checkbox"/>	ESTIMATED COMPLETION DATE:

REQUEST FOR COST SHARE GRANT	
<p>I wish to apply for a cost-share grant from the Pepin 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 Pepin County Land Conservation Department to provide cost sharing to me.</p>	
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: COUNTY CONSERVATIONIST	DATE: