

# 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

### Pepin County Land Conservation Department

740 7<sup>th</sup> Ave. W. P.O. Box 39 Durand, WI 54736

715-672-8665 EXT.5

PPOESCHEL@CO.PEPIN.WI.US

WWW.CO.PEPIN.WI.US

#### GENERAL INFORMATION

APPLICANT NAME AND ADDRESS:	TYPE OF COST-SHARE:  LIST PRACTICE: _____ _____
PHONE NUMBER (include area code):	CELL PHONE (include area code):
CHECK THAT WHICH APPLIES:  LANDOWNER <input type="checkbox"/> GRANT RECIPIENT <input type="checkbox"/>	

#### REQUEST FOR COST SHARE GRANT

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.

APPLICANT SIGNATURE (landowner):	DATE:
APPLICANT SIGNATURE (grant recipient, if applicable):	DATE:

#### DETERMINATION OF ELIGIBILITY (OFFICE USE ONLY)

This applicant is:

- Eligible until \_\_\_\_\_.
- Ineligible to receive a cost share grant.      Funding Source \_\_\_\_\_

SIGNATURE OF COUNTY REPRESENTATIVE:	TITLE:	DATE:
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