

SOIL AND WATER RESOURCE MANAGEMENT GRANT REIMBURSEMENT PROGRAM

Cost-Share Grant Application

Date: _____

Section 92.14, Wis. Stats.

For use to document request for cost-share assistance related to LWRM Plan implementation.

How did you hear about our Cost Share Program? _____

COUNTY NAME:	LAKE NAME:

GENERAL INFORMATION

APPLICANT NAME AND ADDRESS:	TYPE OF COST SHARE: <i>(For Office Use Only)</i> <ol style="list-style-type: none"> 1. <input type="checkbox"/> INSTALLATION AND MAINTENANCE 2. <input type="checkbox"/> LAND TAKEN OUT OF PRODUCTION <small>(including CREP equivalent payment)</small> 3. <input type="checkbox"/> OTHER (with DATCP approval)
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PHONE NUMBER: <i>(include area code)</i> HOME: _____ CELL: _____ E-MAIL ADDRESS:	<p style="text-align: center;">This Grant Program is a REIMBURSEMENT program. The homeowner is responsible for paying all construction costs and will be reimbursed 50% or the current year cap, whichever is less. <u>Shoreline restoration with rock rip rap often runs anywhere from \$250 to \$450 per lineal foot.</u></p>
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SITE ADDRESS:	CHECK THAT WHICH APPLIES: LANDOWNER <input type="checkbox"/> * REPRESENTATIVE <input type="checkbox"/>
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REQUEST FOR COST SHARE GRANT

I wish to apply for a cost-share grant from the **Oneida County** Land & Water Conservation Department (LWCD). I understand that the purpose of this grant is to improve water quality through implementation of accepted conservation practices. I further understand a contract must be signed by both myself and LWCD, and installed practices must remain in place and be maintained for 10 years. If accepted, I agree to pay the contractor all construction costs and provide paid invoices to Oneida County LWCD. Signing this application does not obligate me to participate in the program nor does it obligate LWCD to provide cost sharing to me.

APPLICANT SIGNATURE (Landowner):	DATE:
APPLICANT SIGNATURE (*Representative): *Will need to provide written documentation of proof to sign on behalf of the above named organization/association.	DATE:

DETERMINATION OF ELIGIBILITY *(For Office Use Only)* Eligibility determined by Oneida County LWCD

This applicant is: <input type="checkbox"/> Eligible until _____, _____ (Month, Day, and Year) <input type="checkbox"/> Ineligible to receive a cost-share grant.

SIGNATURE OF COUNTY REPRESENTATIVE:	TITLE:	DATE: