

HEALTHY LAKES INITIATIVE CHECKLIST  
(For Office Use Only)

Participant Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Sponsor \_\_\_\_\_

1. Application on file.  yes Notes: \_\_\_\_\_

2. Participation Pledge on file.  yes Notes: \_\_\_\_\_

3. 10-year Healthy Lakes Agreement  yes Notes: \_\_\_\_\_

4. Discussion held with participant Re:  
Best Management Practices.  yes Notes: \_\_\_\_\_

5. Explain Cash/Labor MATCH  yes  
Notes: \_\_\_\_\_

Example A:  
DNR pays 75% of **total project cost.**  
 **$\$1,000 \div .75 = \$1,333$  total project cost**  
 **$\$1,333 - \$1,000$  (grant) =  $\$333$  MATCH**

Example B:  
DNR pays 75% of **total project cost.**  
 **$\$500 \div .75 = \$666$  total project cost**  
 **$\$666 - \$500$  (grant) =  $\$166$  MATCH**

6. Participant submits all PAID receipts  yes Notes: \_\_\_\_\_

7. Participant provides a W-9 to Sponsor  
Agency for check reimbursement  yes Notes: \_\_\_\_\_



SAMPLE