

# 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 | <b>GREEN</b> |
|----------------|--------------|

| GENERAL INFORMATION               |                        |
|-----------------------------------|------------------------|
| APPLICANT NAME AND ADDRESS:       | PRACTICE APPLIED FOR   |
| PHONE NUMBER (include area code): | SOCIAL SECURITY NUMBER |

| REQUEST FOR COST SHARE GRANT   |       |
|--|-------|
| I wish to apply for a cost-share grant from the Green 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 Green 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:   |        |       |
| <input type="checkbox"/> Eligible until _____, _____.              |        |       |
| <input type="checkbox"/> Ineligible to receive a cost share grant. |        |       |
| SIGNATURE OF COUNTY REPRESENTATIVE:                                | TITLE: | DATE: |