

SOIL AND WATER RESOURCE MANAGEMENT GRANT PROGRAM
2014 Well Abandonment and Wetland Restoration 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 Land Resources Division

NAME OF COUNTY: Waukesha
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GENERAL INFORMATION

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

REQUEST FOR COST SHARE GRANT

I wish to apply for a cost-share grant from the Waukesha County Land Resources Division. 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 Waukesha County Land Resources Division 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.

SIGNATURE OF COUNTY REPRESENTATIVE:	TITLE:	DATE:
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 Land Resources Division
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