

SAUK COUNTY
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

APPLICANT'S INFORMATION	
APPLICANT'S NAME AND ADDRESS:	LEGAL DESCRIPTION:
PHONE NUMBER (include area code):	PRACTICE NEEDED:
CHECK WHICH APPLIES: LANDOWNER <input type="checkbox"/> GRANT RECIPIENT <input type="checkbox"/>	

I wish to apply for a cost-share grant from the Sauk 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 Sauk County Land Conservation Department to provide cost sharing to me.	
APPLICANT'S SIGNATURE (landowner):	DATE:
APPLICANT'S SIGNATURE (grant recipient, if applicable):	DATE:

DETERMINATION OF ELIGIBILITY (OFFICE USE ONLY)
Land Conservation Staff Person: _____ BMP Code: _____ Quantity: _____ Estimated Total Cost: _____ Ranking Completed: _____ Ranking: _____