

LAFAYETTE COUNTY SOIL & WATER RESOURCE MANAGEMENT GRANT PROGRAM

GENERAL COUNTY COST-SHARE APPLICATION

Section 92.14, Wis. Stats.

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

Eligibility determined by Lafayette County

COST SHARE PROGRAM: ☐ COUNTY ☐ SWRM ☐ MDV

GENERAL INFORMATION

CHECK THAT WHICH APPLIES: ☐ LANDOWNER ☐ GRANT RECIPIENT (RENTED LAND)

APPLICANT AND SPOUSE NAME AND ADDRESS:

TYPE OF COST-SHARE: check all that apply

☐ INSTALLATION AND/OR MAINTENANCE

☐ LAND TAKEN OUT OF PRODUCTION
(including CREP equivalent payment)

☐ OTHER (with DATCP approval)

PHONE NUMBER:

TOWNSHIP:

DATCP WATERSHED CODE:

ESTIMATED COST:

\$

ACTUAL COST:

\$

LEGAL DESCRIPTION (1/4, 1/4, SECTION, T/R & Parcel Id Number)

County Cost Share Requested:

\$ _____ %

SWRM Cost Share Requested:

\$ _____ %

MDV Cost Share Requested:

\$ _____ %

Landowner Share:

\$ _____ %

PRACTICE TO BE INSTALLED (Include units, depth, diameter, animal numbers, acres, etc. Attach aerial photo showing location):

Tons of Soil Loss/Year (If Applicable):

REQUEST FOR COST SHARE GRANT

I wish to apply for a cost-share grant from the Lafayette County Land Conservation, Planning & Zoning 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 Lafayette County Land Conservation, Planning & Zoning 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 tentatively approved for the above amount requested until: _____, _____ by the LCC.

SIGNATURE OF COUNTY REPRESENTATIVE:

TITLE:

Lafayette County Land
Conservation, Planning &
Zoning Manager

DATE: