

**SHAWANO COUNTY
LAND CONSERVATION DEPARTMENT**

Cost-Share Grant Application

For use to document request for cost-share assistance
(Eligibility determined by LCD)

Fill Out and Return to:
SHAWANO COUNTY LAND CONSERVATION DEPARTMENT
311 N. MAIN ST – COURTHOUSE ROOM 3
SHAWANO, WI 54166
715-526-4820
<https://www.co.shawano.wi.us>

GENERAL INFORMATION

APPLICANT NAME AND ADDRESS:

NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER (INCLUDE AREA CODE)

e-mail

TYPE OF COST-SHARE (check all that apply)

- ___ 1. Well Abandonment
- ___ 2. Manure (Waste) Storage
- ___ 3. Manure (Waste) Storage Closure
- ___ 4. Barnyard runoff
- ___ 5. Nutrient and/or Pesticide Management
- ___ 6. Shoreland Restoration
- ___ 7. Other (specify): _____

REQUEST FOR COST SHARE GRANT

I wish to apply for a cost-share grant from the Shawano County Land Conservation Department. I understand that the purpose of this cost share funding 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 Shawano County Land Conservation Department to provide cost sharing to me.
NOTE: Cost-sharing will be denied if the practice is completed prior to signing a cost share agreement.

APPLICANT SIGNATURE (landowner)

DATE

DETERMINATION OF ELIGIBILITY (office use only)

DATE OF APPLICATION: _____

APPLICATION NO: _____

This applicant is:

___ Eligible until _____

Funding source: _____

___ Ineligible to receive a cost share grant

LCC approval/denial: _____

SIGNATURE OF COUNTY REPRESENTATIVE

TITLE

DATE