



Cost-Share Grant Application

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

BROWN COUNTY LAND & WATER CONSERVATION DEPARTMENT

P.O. Box 23600
Green Bay, WI 54305-3600
(920)391-4620

www.co.brown.wi.us/Land_Consevation/index.html

GENERAL INFORMATION

APPLICANT NAME AND ADDRESS:	TYPE OF COST-SHARE (check all that apply)
NAME	1. Well Abandonment <input type="checkbox"/>
ADDRESS	2. Manure Storage <input type="checkbox"/>
CITY, STATE, ZIP	3. Manure Storage Abandonment <input type="checkbox"/>
PHONE NUMBER (include area code)	4. Barnyard runoff <input type="checkbox"/>
	5. Nutrient and/or Pesticide Management <input type="checkbox"/>
	6. Other (specify): <input type="checkbox"/>

REQUEST FOR COST SHARE GRANT

I wish to apply for a cost-share grant from the Brown County Land & Water 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 Brown County Land & Water 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
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DETERMINATION OF ELIGIBILITY (OFFICE USE ONLY)

DATE OF APPLICATION:	APPLICATION NO.:
This applicant is:	
<input type="checkbox"/> Eligible until	Funding source:
<input type="checkbox"/> Ineligible to receive a cost share grant.	

SIGNATURE OF COUNTY REPRESENTATIVE	TITLE	DATE