

APPLICATION FOR FUNDING ASSISTANCE
HEALTHY LAKES through ST. CROIX-EAU CLAIRE HEADWATERS WATERSHED PROJECT

For use to document request for funding assistance related to implementing lakeshore Healthy Lakes projects through the St. Croix-Eau Claire Headwaters Watershed Project. Eligibility determined by County Conservationist with guidance from Watershed Coordinator and Critical Habitat Sub-Committee.

GENERAL INFORMATION

Applicant name and address:

Phone number(s); include area codes:

Email address (if available):

Is applicant the landowner?

If not, provide landowner name, address, phone number(s).

REQUEST FOR FUNDING ASSISTANCE

I wish to apply for funding assistance from the Douglas County Land & Water Conservation Department. I understand that the purpose of the funding assistance is to improve water quality and habitat 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 Douglas County Land & Water Conservation Department to provide cost sharing to me.

Applicant signature (landowner):

_____ date _____

Applicant signature (grant recipient, if applicable):

_____ date _____

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Determination of eligibility (office use only)

This applicant is eligible: ____yes ____no

County representative signature:

_____ date _____