

Application No. \_\_\_\_\_

Date Received: \_\_\_\_\_

Converse County Conservation District  
911 S. Windriver Drive, Douglas, WY 82633  
307-624-3164  
www.conserveconverse.org

## Resource Enhancement Cost-Share Application

Fill out all questions completely including proposed costs. Incomplete applications will not be processed. A sketch or plan map must accompany each application with the location of the proposed practice clearly indicated on it.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

Landowner and/or lessee name, address, email, telephone (if other than applicant) \_\_\_\_\_

\_\_\_\_\_

Tax ID \_\_\_\_\_ (CCCD is required to provide a 1099 for receipt of cost-share funds totaling \$600 or more)

### **PROJECT INFORMATION**

**Location:**

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  $\frac{1}{4}$  \_\_\_\_\_  $\frac{1}{4}$  \_\_\_\_\_

**Size of Project:** \_\_\_\_\_ acres

**Brief Project Description** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Project Benefits:** Which natural resources will be benefited and how will they be benefited? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other conservation measures that will be employed to complement the project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Public Benefit: Describe how the project meets the program objectives and how it benefits the public. Public benefits include continued agricultural production to maintain open space and healthy ecosystems; enhanced opportunities for outdoor recreation; enhancements to air, land or water quality; maintenance or enhancement of wildlife habitat; preclusion of soil loss or disease; or other perceived public benefits. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the consequences to public and private resources if this project is not funded: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed Practices (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Streambank protection         | <input type="checkbox"/> Dam/reservoir rehabilitation                 |
| <input type="checkbox"/> Grass/Forb Seeding            | <input type="checkbox"/> Livestock watering facility                  |
| <input type="checkbox"/> Spring Development            | <input type="checkbox"/> Pasture or rangeland restoration/improvement |
| <input type="checkbox"/> Diversion replacement/upgrade | <input type="checkbox"/> AFO/CAFO                                     |
| <input type="checkbox"/> Interior or riparian fencing  | <input type="checkbox"/> Water Development (new or replacement)       |
| <input type="checkbox"/> Irrigation                    | <input type="checkbox"/> Other  |

\*Some projects may require professional design/planning\*

**COST OF PROJECT (cost breakdown required per practice):**

<u>Practice Description</u>	<u>Unit Amount</u>	<u>Cost per Unit</u>	<u>Total Cost</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
			Total Project Cost \$ _____

Amount Requested from District \$ \_\_\_\_\_  
*(no more than 50% of total project cost allowed, with a maximum of \$50,000)*

Contribution from other sources \$ \_\_\_\_\_

List other sources: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:**

I hereby declare that the information, and all statements attached to this application are true, complete, and accurate to the best of my knowledge.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Landowner signature (required if different than applicant) \_\_\_\_\_

Date \_\_\_\_\_

Attach extra sheets as necessary