

**WAUPACA COUNTY WATER QUALITY PROGRAM
RAIN GARDEN
Cost Share Grant Application**

**Waupaca County Land & Water Conservation Department
811 Harding Street
Waupaca WI 54981
Phone: 715/258-6245**

GENERAL INFORMATION

APPLICANT NAME AND ADDRESS OF PROPOSED SITE:	MAILING ADDRESS IF DIFFERENT FROM PROPOSED SITE:
LAKE/RIVER/STREAM NAME:	PHONE NUMBER (include area code): OTHER PHONE NUMBERS: cell & other residences

REQUEST FOR COST SHARE GRANT

I wish to apply for a cost share grant from the Waupaca County Water Quality Program. 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 Waupaca County Water Quality Program to provide cost sharing to me.

APPLICANT SIGNATURE (landowner):	DATE:
APPLICANT SIGNATURE (Spouse)	DATE:

DETERMINATION OF ELIGIBILITY (OFFICE USE ONLY)

This applicant is:

- Eligible until _____, _____ Site inspection date: _____
- Ineligible to receive a cost share grant. Inspector: _____

SIGNATURE OF COUNTY REPRESENTATIVE:	TITLE: LWCC CHAIRPERSON	DATE:
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