

Application No.:
Date Received:

EASTERN SANDERS COUNTY CONSERVATION DISTRICT

PO BOX 217, 7487 HWY 200, PLAINS, MT 59859
(406) 830-8687

email: easternsanderscd@macdnet.org website: www.easternsanderscd.org

COST SHARE PROGRAM APPLICATION

-APPLICATIONS ARE DUE MARCH 1ST-

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

Signature(s):

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

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____
(if applicable)

Landowner Signature _____ Date _____
(if applicable)

Non-Discrimination Statement: State of Montana complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. State of Montana does not exclude people or treat them differently because of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status.

Applicant

Name: _____

Physical Address: _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Landowner (If Different from Applicant)

Name: _____

Physical Address: _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Project Information

Location:

____ 1/4, ____ 1/4, ____ 1/4, Section _____, Township _____, Range _____ Nearest Town _____

Size of Project _____ acres.

Project Description: **Attach additional paper if necessary.*

Project Benefits: Which natural resources will benefit and how will they benefit?

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

Describe the consequences to public and private resources if this project is not funded. **Attach additional paper if necessary.*

Have you received any funding from this Cost Share Program in the last 3 years? If so, briefly explain the previous project(s) and how much money was received per project:

Proposed Practices (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Streambank/shoreline protection | <input type="checkbox"/> Wildfire rehabilitation | <input type="checkbox"/> Pest mgmt./weed control |
| <input type="checkbox"/> Stream channel stabilization | <input type="checkbox"/> Grass/forb seedings | <input type="checkbox"/> Wildlife habitat improvement |
| <input type="checkbox"/> Riparian forest buffers | <input type="checkbox"/> Tree/shrub plantings | <input type="checkbox"/> Spring development |
| <input type="checkbox"/> Bridge /culvert replacement/upgrade | <input type="checkbox"/> Grassed waterways | <input type="checkbox"/> Stockwater pipeline |
| <input type="checkbox"/> Diversion replacement/upgrade | <input type="checkbox"/> Filter strips | <input type="checkbox"/> Fire Protection |
| <input type="checkbox"/> Fish screen installation | <input type="checkbox"/> Forest site preparation | <input type="checkbox"/> Trough or tank (stockwater) |
| <input type="checkbox"/> Irrigation delivery ditch upgrade | <input type="checkbox"/> Forest stand improvements | |
| <input type="checkbox"/> Wetland restoration | <input type="checkbox"/> Fencing for livestock mgmt. | |
| <input type="checkbox"/> Restoration and improvement of native plant communities | | |

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Project Cost Estimate (cost breakdown required per practice):

<i>Practice Description</i>	<i>Unit Amount</i>	<i>Cost per Unit</i>	<i>Total Cost</i>
A) _____	_____	_____	_____
B) _____	_____	_____	_____
C) _____	_____	_____	_____
D) _____	_____	_____	_____

Total Project Cost \$ _____

Amount Requested from District \$ _____

(Each Applicant is allowed 50% of total project amount, up to \$2,500 in a 3-year timeframe)

Contribution from other sources: \$ _____

List other sources: _____
