

Oconto County Healthy Waters Cost Share Program Application

Section 1: Applicant Details

Organization Name: _____

Organization Type: _____ Date Submitted: _____

Mailing Address: _____

Contact 1 Name: _____

Contact 1 Phone #: _____ Contact 1 Email: _____

Contact 2 Name: _____

Contact 2 Phone #: _____ Contact 2 Email: _____

Section 2: Project Information

Project Title: _____ Water Body Name: _____

Proposed Start Date: _____ Proposed End Date: _____

Total Project Cost Estimate: _____

Healthy Waters Funds requested*: _____

*Requested funds may only cover up to 50% of project costs, or a maximum of \$7,000.

Type of Project* (circle all that apply):

Aquatic Invasive Species

Education, Prevention, and Planning
Early Detection and Response
Established Population
Maintenance and Containment
Research and Demonstration

Lake Protection

Wetland and Shoreline Restoration
Lake Plan Implementation

River Protection

River Planning
River Management

Lake Management Planning

Lake Management Plan

Other Project Not Listed:

*If an application for a project not listed above is received, eligibility for that project shall be determined by the Citizens Advisory Committee.

Please provide a detailed description of the intended project (attach additional pages if needed):

Section 3: Project Eligibility

1: Does the project fall into one of the categories listed on page 1, section 2? Yes No

If no, projects must be approved by the Land & Water Conservation Dept.

2. Does the project occur on a water body with public access? Yes No

Please identify how many of each public facilities are available on the water body:

Boat Launch: _____

Walk-in Access: _____

Public Beach/Park: _____

Other Public Facilities: _____

3. Has the organization consulted with the WI DNR regarding the project and inquired about any required permits?* Yes No

4. Has the project applied for funding from State or Federal grants?** Yes No

5. Will the project receive funding from other local sources?** Yes No

If yes, will the applied for/awarded funds cover more than 2.5% of project costs? Yes No

6. Has the applicant applied for funding from this program in the past? Yes No

If yes, was funding awarded? Yes No

If yes:

Year Awarded: _____ Funds Requested: _____ Funds Received: _____

7. Has the organization received letters of support in favor of the project? Yes No

If yes, please submit any supporting documents with the application

* Projects cannot be cost shared if required permits are not obtained. Please submit proof of correspondence (copy of email, letter, etc.) documenting permit inquiries.

**If the project has applied for additional funding, please submit the completed application for each program. If funding has already been secured and/or an application was not required, please submit letters of commitment or award agreements for each funding source.

Please describe how the need for this project was assessed and how the implementation and goals will be achieved. (Attach additional pages if needed.)

How will funds from this program benefit the project and ensure success?

Explain how much of a burden this project cost has on your normal year to year operating activities.

Has the organization successfully completed a similar project in the past? If yes, please briefly describe the project and why it was a success. If no, please briefly describe how your organization plans to guarantee the success of this project.

How will the organization keep the public and other stakeholders informed on the project? Has this method been used with success in the past?

Section 5: Funding Sources and Estimated Budget

Expected Project Contributions and Funding Sources

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total Project Cost \$

Example Project Contribution/Source Form

Description	Amount
WI DNR Surface Waters Grant	\$ 1,000
Oconto County Healthy Waters cost share	\$ 300
Local cash donation	\$ 700
Organization/Association cash funds	\$ 520
Labor provided as in-kind match	\$ 480

Total Funding Available \$ **3,000**

Estimated Project Budget

Description	Type (circle one)	Hours of In-kind match* (if applicable)	Amount
	Expense In-kind		\$

Total Project Cost: \$

*To determine the dollar amount of in-kind hours dedicated towards the project, multiply the hours of in-kind match by the current WI DNR valuation for one hour of volunteer work, \$12.00.

Example: 6 hours worked X \$12.00 = \$72.00

Example Budget:

Description	Type (circle one)	Hours of In-kind match* (if applicable)	Amount
Removal supplies	Expense In-Kind	N/A	\$520
Local resident invasive plant removal/disposal	Expense In-Kind	40	\$480
Invasive plant herbicide treatment, contracted	Expense In-Kind	N/A	\$2,000

Total Project Cost: \$ 3,000

Section 5: Attachments & Signature

Please submit the following supporting documents (if applicable)

- Proof of WI DNR permit inquiries
- Completed grant applications for other funding assistance programs
- Funding award letters and/or letters of funding commitment
- Letter(s) of support

Name (Please print)

Title

Signature

Date

Section 5: For Office Use Only

Date Received: _____ Date Evaluated: _____

Applicant Number: _____ Score: _____ Overall Rank: _____

Does the project fall into the list of approved projects in Section 2? Yes _____ No _____

Reviewer/Reviewing Committee Comments:
