Application No.	
Date Received:	

BITTERROOT CONSERVATION DISTRICT 1709 NORTH FIRST STREET, HAMILTON, MT. 59840 (406) 361-6181

email: bcd@gwestoffice.net, web site: https://bitterrootcd.org/

COST-SHARE APPLICATION

Application Deadline: September 01

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

Landowner/App		isarry indicated on it.
		City/Town
State	Zip Code	Telephone
Contact Person _		
PROJECT INF		
Location: ¹ / ₄ , ¹ / ₄ ,	1/4 , Section, T	Township, Range Nearest Town
Size of Project	acres.	
*Brief Project I	Description	
*PROJECT BE benefited?	NEFITS: Which natur	ral resources will be benefited and how will they be
*List other conse	ervation measures that w	vill be employed to complement the project:

	Application No Date Received:			
Public Benefit: [] benefits more than one person [] provides fire protection				
Does the project have local support from public organizations, Fish, Wildlife & Parks, rural groups or agencies?No If yes, who (attach letters of recommendation, if any)				
*Describe the consequences to public and	private resources if this project is not funded.			
Proposed Practices (check all that apply): [] Streambank/shoreline protection [] Wildfire rehabilitation [] Pest mgmt./weed control [] Stream channel stabilization [] Grass/forb seedings [] Wildlife habitat improvement [] Riparian forest buffers [] Tree/shrub plantings [] Spring development [] Bridge /culvert replacement/upgrade [] Grassed waterways [] Stockwater pipeline [] Diversion replacement/upgrade [] Filter strips [] Fire Protection [] Firsh screen installation [] Forest site preparation [] Trough or tank (stockwater) [] Irrigation delivery ditch upgrade [] Forest stand improvements [] Wetland restoration [] Fencing for livestock mgmt. [] Restoration and improvement of native plant communities				
COST OF PROJECT (cost breakdown	required per practice):			
Practice Description Unit				
A)				
B)				
D)				
	Total Project Cost \$			
Amount Requested from District \$				
Contribution from other sources \$ List other sources:				
SIGNATURE:				
SIGNATURE.				
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			
Sponsor (if applicable)				

^{*} Use extra paper if necessary.