

Application No.:  
Date Received:

**BITTERROOT CONSERVATION DISTRICT**  
1709 NORTH FIRST STREET, HAMILTON, MT, 59840  
(406) 361-6181  
email: [bitterrootcd@macdnet.org](mailto:bitterrootcd@macdnet.org) website: [www.bitterrootcd.org](http://www.bitterrootcd.org)

**2027 COST-SHARE APPLICATION**  
**Application Deadline: June 1, 2026**

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 each proposed practice clearly indicated on it.

**Landowner/Applicant**

Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Project Information**

**Location:**

\_\_\_\_ 1/4, \_\_\_\_ 1/4, \_\_\_\_ 1/4, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_ Nearest Town \_\_\_\_\_

**Size of Project** \_\_\_\_\_ acres.

**Brief 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:**

\_\_\_\_\_  
\_\_\_\_\_

**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?  Yes  No If yes, who (*attach letters of recommendation, if any*)

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

**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 |  |   |

**Project Cost (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 \$ \_\_\_\_\_  
(no more than 70% of the allowable cost of a proposed practice up to a maximum of \$10,500)

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

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

**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) \_\_\_\_\_

*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.*