

# 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 Land Conservation Committee.

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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 Conservation Division
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		\$
	Expense In-kind		\$
	Expense In-kind		\$
	Expense In-kind		\$
	Expense In-kind		\$
	Expense In-kind		\$
	Expense In-kind		\$
	Expense In-kind		\$
	Expense In-kind		\$
	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:

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