



Appl # _____
Date Rec'd _____

APPLICATION FOR COST SHARE ASSISTANCE

Please read the Liberty County CD Cost-Share Program Instructions before submitting the application.

Name _____ Date _____

Address _____ E-Mail Address _____

City _____ State _____ Zip _____

Phone (Home): _____ (Work) _____ (Cell/Other): _____

Are you a resident of Liberty County? _____ Length of residency in Liberty County: _____

Occupation: _____

Employer: _____

Landowner and/or lessee name, address, telephone (if other than applicant):

Project Information

Location: _____ $\frac{1}{4}$, _____ $\frac{1}{4}$, _____ $\frac{1}{4}$, Section _____, Township _____, Range _____, Nearest Town _____

Total Acres of Property: _____ Acreage in Proposed Project: _____

Which Natural resources will be benefited and how will they be benefited?

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

Public Benefit: benefits more than one person provides weed control

soil and water conservation energy reduction

Does the project have local support from public organizations, rural groups or agencies? Yes No

Describe the consequences to public and private resources if this project is not funded.

Describe any educational benefits or natural resources awareness this project may bring.

Proposed Practices (check all that apply)

Stream/Riparian/Irrigation

- Streambank protection
- Bridge/culvert improvement
- Channel stabilization
- Spring development
- Riparian buffer strips
- Irrigation structure/diversion
- Stock water pipeline
- Riparian fencing
- Other _____

Weed Management

- Prescribed grazing
- Biological control
- Spraying
- Mowing/Re-seeding
- Professional services
- Other _____

Pastures

- Fencing
- Water improvement
- Filter Strips
- Fertilizing
- Re-seeding native plants
- Trees/shrubbery
- Other _____

Urban

- Gardening
- Rain barrel system
- Native Landscaping
- Alternative energy
- Riparian buffer strips
- Other _____

Other

- Wildlife habitat improvement
- Pollinator habitat
- Equipment
- Moisture Meters
- Other _____

COST OF PROJECT (cost breakdown per practice and labor):

Practice Description	Unit Amount	Cost per Unit	Total Cost
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Total Project Cost \$ _____

Amount Requested from District \$ _____