

# Glacier County Conservation District

## Cost-Share Program Application for Small-Scale Conservation Projects

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### Grant Program

**Grantor:** Glacier County Conservation District

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### Applicant Information

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Landowner Name (if different from applicant):** \_\_\_\_\_

**Property Address / Legal Description:** \_\_\_\_\_

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### Project Summary

Provide a brief overview of the proposed conservation project(s).

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## Project Description

Describe each proposed conservation practice in detail. Include the purpose, conservation benefits, and how the project aligns with local conservation priorities (e.g., soil health, water quality, grazing management, habitat improvement, erosion control).

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## Proposed Practices and Estimated Costs

Practice / Activity	Quantity / Units	Estimated Total Cost	Cost-Share Requested	Applicant Match
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>TOTALS</b>		\$	\$	\$

*Attach contractor bids, vendor quotes, or cost estimates if available.*

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## Project Time Frame

**Proposed Start Date:** \_\_\_\_\_

**Proposed Completion Date:** \_\_\_\_\_

Describe any seasonal considerations or dependencies:

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## Project Location Map (Required)

Attach a **concise map** clearly showing:

- Property boundaries
- Location of each proposed conservation practice
- Nearby landmarks, roads, waterways, or fields

Acceptable maps may include aerial imagery, plat maps, or GIS maps.

☐ Map attached

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## Photographs of Project Area(s) (Required)

Attach **color photographs** of each project area prior to implementation.

Photo descriptions (optional):

1.

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2.

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3.

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☐ Photos attached

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## Land Management Plan (Required)

Attach a completed **Land Management Plan** that outlines your overall property goals and management strategies. The plan should address, as applicable:

- Soil health and erosion control
- Water management and water quality
- Grazing and pasture management
- Wildlife habitat
- Cropping systems or vegetation management
- Long-term conservation objectives

☐ Land Management Plan attached

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## Additional Information (Optional)

Include any additional details that may support your application (past conservation work, partnerships, technical assistance received, etc.).

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## Applicant Certification

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that cost-share funds are subject to approval and may require a site visit, documentation, and verification of completed practices.

**Applicant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## For Conservation District Use Only

**Application Received Date:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

**Approved Cost-Share Amount:** \$ \_\_\_\_\_

**Board Approval Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_