

**DOUBLE EI CONSERVATION DISTRICT
RANGELAND HEALTH MATCHING GRANT PROGRAM 2021 APPLICATION**

Part A: (To be completed by Applicant). All items must be completed in order to be considered for a Grant.

1. Date:		7. Practice(s) Requested	
2. Name & Address:			
3. Telephone Number:	4. Email Address:	8. Reason for Application	
5. Practice Location (legal description)			
6. Estimated Total Cost		9. Have you been awarded matching grants through Double EI before? If so, were projects completed successfully? Please provide dates if applicable.	
Amount Requested	%		
<p>I understand that the matching grants program will pay no more than 50% of the actual cost of the practice(s) to be installed. All practices must be approved by the NRCS and the Conservation District. All practices will be paid for by the applicant and reimbursed upon approval by the NRCS and Conservation District. I also understand that I am responsible for making arrangements to have the practices completed by August 31, 2021. Practices that have been installed prior to NRCS and CD approval are not eligible for assistance.</p>			
Applicants Signature		Date	

Part B. (To be completed by Matching Grant Officials)

1. Practice Extents (ac served)	2. Land Capability	3. Soil Loss Tolerance	4. Land Use (circle one)	
			Range	Crop
5. Practice Name and Number	6. NEW	MAINTAIN	REPAIR	
	Circle one			