

**DOUBLE EL CONSERVATION DISTRICT  
RANGELAND HEALTH MATCHING GRANT PROGRAM 2022 APPLICATION**

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

<b>1. Date:</b>		<b>7. Practice(s) Requested</b>	
<b>2. Name &amp; Address:</b>			
<b>3. Telephone Number:</b>	<b>4. Email Address:</b>	<b>8. Reason for Application</b>	
<b>5. Practice Location (legal description)</b>			
<b>6. Estimated Total Cost</b>		<b>9. Have you been awarded matching grants through Double EI before? If so, were projects completed successfully? Please provide dates if applicable.</b>	
<b>Amount Requested</b>	<b>%</b>		

**I understand that the matching grants program will pay no more than 50% of the actual cost of the practice(s) to be installed. I understand the property must be within the Double EI Conservation District boundaries. 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, 2022. Practices that have been installed prior to NRCS and CD approval are not eligible for assistance. Landowner labor is not a cost-shareable reimbursement but can be part of landowner required 50% match.**

<b>Applicants Signature</b>	<b>Date</b>
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**Part B. ( To be completed by Matching Grant Officials)**

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