RANGELAND HEA	LTH MATCHING GRA	NT PROGRAM 2023 APPLICATION	
		must be completed in order to be	
	oplication due to Double E	El office no later than 3/8/23	
1. Date:		7. Practice(s) Requested	
2. Name & Address:			
3. Telephone Number:	4. Email Address:	8. Reason for Application	
5. Practice Location (lega	l description)		
6. Estimated Total Cost		9. Have you been awarded matching grants through Double El before? If so, were projects completed successfully?  Please provide dates if applicable.	
Amount Requested	%		
the actual cost of the must be within the Domust be approved by be paid for by the approved conservation District arrangements to have that have been instal	practice(s) to be insouble El Conservation the NRCS and the Coolicant and reimburse. I also understand the the practices compled prior to NRCS and er labor is not a cost-	gram will pay no more than 50% of stalled. I understand the property n District boundaries. All practices onservation District. All practices will ed upon approval by the NRCS and hat I am responsible for making leted by August 31, 2023. Practices I CD approval are not eligible for eshareable reimbursement but can be	
Applicants Signature		Date	