

**Notice:** Use of this form is required by the DNR for any application filed pursuant to ch. NR 190 or 191, Wis. Adm. Code. Personal information (PI data) collected on this form, including such data as your name, address, phone number, etc., will be used for management and enforcement of DNR programs, and is not intended to be used for any other purpose. Information will be made accessible to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

**Section I: Application Type**

<input type="checkbox"/> <b>Lake Management Planning Grant</b> <i>Check one:</i> <input type="checkbox"/> Large-scale planning grant <input type="checkbox"/> Small-scale planning grant <i>Check one:</i> <input type="checkbox"/> Lake education <input type="checkbox"/> Organizational development <input type="checkbox"/> Other study or assessment, or multiple-purpose project	<input type="checkbox"/> <b>Lake Management Protection Grant</b> <i>Check one:</i> <input type="checkbox"/> Wetland restoration <input type="checkbox"/> Ordinance development <input type="checkbox"/> Lake improvement <input type="checkbox"/> Lake classification <input type="checkbox"/> Land or easement acquisition
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Legislative District Numbers		To determine your legislative district, go to <a href="http://165.189.139.210/WAML/">http://165.189.139.210/WAML/</a> Type in complete address, next screen shows information.
Senate	Assembly	

**Section II: Applicant Information**

Applicant			Type of Eligible Applicant		
Lake Name			<input type="checkbox"/> County	<input type="checkbox"/> Tribe	<input type="checkbox"/> Other Governmental Unit
Size in Acres			<input type="checkbox"/> City	<input type="checkbox"/> Sanitary District	<input type="checkbox"/> Non Profit Conservation Organization
Project County/Township/Section/Range			<input type="checkbox"/> Village	<input type="checkbox"/> Lake District	
Authorized Representative Named by Resolution			<input type="checkbox"/> Town	<input type="checkbox"/> Lake Association	<input type="checkbox"/> School Districts (Planning)
Authorized Representative Title			Project Contact Name		
Address			Project Contact Title		
City			Address		
State	ZIP Code		City	State	ZIP Code
Daytime Phone (area code)	Evening Phone (area code)		Daytime Phone (area code)	Evening Phone (area code)	
E-mail Address			E-Mail Address		

**Mail Check to:** (if different from applicant)

Name and Title		Address		
Organization		City	State	ZIP Code

**For DNR Use Only**

Application Type	Date Received	Date Reviewed (LC)	Lake Coordinator Approval / Date
Waterbody ID#	Adequate Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental Grants Specialist Approval / Date	
Eligible Project <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Priority Rank	
Prior Grant Award(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Year(s)	Amount Received To Date \$	Project Awarded <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section III: Project Information**

Project Title	Proposed Ending Date
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Other Management Units Around Lake	Letter of Support	Other Management Units Around Lake	Letter of Support
1.	<input type="checkbox"/>	4.	<input type="checkbox"/>
2.	<input type="checkbox"/>	5.	<input type="checkbox"/>
3.	<input type="checkbox"/>	6.	<input type="checkbox"/>

**Section IV: Lake Access**

Number of Public Vehicle Trailer Parking Spaces Available at Public Access Sites:

Number of Public Access Sites on Lake Including Boat Launches and Walk-ins:

**Section V: Cost Estimate and Grant Request**

Section V must be completed or application will be returned. Details in support of Section V are welcome.	Project Costs		
	Column 1 Cash Costs	Column 2 Donated Value	DNR Use Only
1. Salaries, wages and employee benefits			
2. Consulting services			
3. Purchased services--printing and mailing			
4. Other purchased services (specify):			
5. Plant material			
6. Supplies (specify)			
7. Depreciation on equipment			
8. Hourly equipment use charges			
9. State Lab of Hygiene (SLOH) Costs			
10. Non-SLOH Lab Costs			
11. Land or easement acquisition value			
12. Associated acquisition costs			
13. Other (specify)			
14. <b>Subtotals</b> (sum each column)			
15. <b>Total Project Cost Estimate</b> (sum of column 1 plus sum of column 2)			
16. <b>State Share Requested</b> (up to 75% of total costs may be requested)			

Subject to the following maximum grant amounts:

- Large-scale lake planning projects--up to \$10, 000
- Small-scale lake planning projects--up to \$3,000
- Lake classification and regulation or ordinance development projects--up to \$50,000
- Lake protection projects (other than lake classification and regulation or ordinance development projects)--up to \$200,000

**Section VI: Attachments (check all that are included)**

**A. For all applicants:**

- 1. Authorizing resolution
- 2. Letters of support
- 3. Map of project location and boundaries
- 4. Lake map with public access sites identified (per Section IV of this application)
- 5. Itemized breakdown of expenses
- 6. For projects that entail sending samples to the State Laboratory of Hygiene (SLOH) only: a completed SLOH Projected Cost Form
- 7. Project scope/description:
  - a. Description of project area
  - b. Description of problem to be addressed by project
  - c. Discussion of project goals and objectives
  - d. Description of methods and activities
  - e. Description of project products or deliverables
  - f. Description of data to be collected, if applicable
  - g. Description of existing and proposed partnerships
  - h. Discussion of role of project in planning and/or management of lake
  - i. Timetable for implementation of key activities
  - j. Plan for sharing project results
  - k. Other information in support of project not described above

**B. For applicants that are Lake Management Organizations (LMOs) or Non-profit Conservation Organizations (NCOs):**

- 1. For first time applicant LMOs only: A completed Form 8700-226 (Lake Association Organizational Application)
- 2. For first time applicant NCOs only: Copy of IRS 501(c)(3) determination letter and copies of your Articles of Incorporation and Bylaws
- 3. List of national and/or statewide organizations with which you are affiliated
- 4. List of board members' names, including municipality and county of residence. Designate officers
- 5. Documentation of current financial status
- 6. For land or easement acquisition projects: Detailed description of your organization's land management experience
- 7. Brochures, newsletters, annual reports or other information about your organization

**C. Wetland Restoration Projects:**

- 1. Deed, easement, or land control agreement
- 2. Preliminary engineering plans
- 3. Water regulatory permits
- 4. Map of project location and boundaries

**D. Ordinance Development Projects:**

- 1. Inventory of applicable existing ordinances
- 2. Description of resources each jurisdiction allocates to enforcement
- 3. Preliminary surveys

**E. Lake Improvement Projects:**

- 1. Engineering and design plans
- 2. Water regulatory permits
- 3. Map of project location and boundaries

**Section VI: Attachments, continued**

**F. Land or easement acquisition projects:**

- 1. DNR Form 1800-1 (Environmental Hazards Assessment Form)
- 2. Legal description of the property
- 3. Project location boundary map
- 4. Property or easement appraisal (if not previously submitted to the Department)
- 5. If escrow closing, the title insurance commitment
- 6. Evidence of compliance with Uniform Relocation Act requirements, if applicable
- 7. Agricultural Impact Statement, if applicable
- 8. Status of acquisition negotiations, including expected time frame for closing
- 9. A land management plan
  - a. Full description of property and conditions
  - b. Description of current and proposed uses of property and adjoining properties
  - c. Management requirements for property
  - d. If roads, piers or grading are proposed, a topographic survey with feature locations, and design cross sections

**Section VII: Certification**

I certify that information in this application and all its attachments are true and correct and in conformity with applicable Wis. Statutes.

Print/Type Name of Authorized Representative	Title of Authorized Representative
Signature of Authorized Representative	Date Signed