

**Deep River-Portage Burns Waterway Initiative
319 Cost-Share Program Application Form**

Applicant Information

Applicant:	Project Contact:
E-mail:	Phone:
Address:	
City, State:	Zip:
Landowner Name:	
Address:	
City, State:	Zip:
Land use of contributing area: Commercial___ Industrial___ Institutional___ Transportation___ Agricultural___ Vacant___ Open Space___	

Project Information

Please describe the problem/source(s) to be addressed by project:

Practice Name & FOTG Code (if applicable)	Quantity/Unit	Anticipated Install & Completion Date

Estimated total project cost:

Proposed project location description (include map):
What is the long-term ownership of the project, specifically the next 5 to 10 years and who will be responsible for the project's long-term maintenance?
Is the project publically visible? Yes___ No___
Would you be willing to post education signage or participate to some level with outreach activities (ex. field day event)?
Problem(s) to be addressed by Project (place "X" next to all that apply): Nutrients___ Sediment___ Dissolved Oxygen___ E. coli___ Habitat/Hydromodification___
Will the project create or enhance habitat for wildlife (ex. pollinators, birds, bats, amphibians, etc.)? Please explain.

I hereby state that I own or have control of the above listed land under consideration. I understand that in order to receive payment for practices implemented on agricultural lands that a conservation plan must be in place for the land benefitted by this cost-share program before cost-share dollars will be paid. I understand that NIRPC and/or a NRCS, ISDA or SWCD representative will need to access my property annually to photo document the status of the installed practice; that all vegetative best management practices must be maintained for a minimum of five years (1-year for cover crops) and that all structural practices must be maintained for a minimum of 10 years. Furthermore, I understand that submitting this application does not guarantee funding and that all projects require a 50% match (cash or in-kind) and that project funding will occur on a reimbursement basis.

Signature: _____ Date: _____

Questions? Contact Joe Exl at the Northwestern Indiana Regional Planning Commission at jexl@nirpc.org or (219) 763-6060.