

Application No. _____

Date Received: _____

MISSOULA CONSERVATION DISTRICT

3550 Mullan Road, Suite 106, Missoula, MT 59808-5125

(406) 303-3427

email: contactmed@macdnet.org, web site: www.missoulacd.org

Riparian Planting Mini-Grant

Application Form

Fill out all questions completely including proposed costs. **Incomplete applications will not be processed.** A sketch or plan map must accompany each application with the location of each proposed planting clearly indicated on it.

Name _____

Mailing Address _____ City/Town _____

Email Address _____

State _____ Zip Code _____ Telephone _____

Contact Person _____

Address if different from applicant _____

Landowner and/or lessee name, address, email, telephone (if other than applicant)

SITE INFORMATION

Location:

____ 1/4 , ____ 1/4 , ____ 1/4 , Section _____, Township _____, Range _____ Nearest Town _____

Name of Stream/River _____

Size/Length of Proposed Planting _____ acres/linear feet.

***Brief Description of Riparian Planting** _____

***List other conservation measures that will be employed to complement the riparian planting:**

Proposed Practices (check all that apply):

- Streambank/shoreline protection
- Stream channel stabilization
- Wildlife corridor/habitat improvement
- Fish habitat improvement
- Restoration and improvement of native plant communities
- Grass/forb seeding/plugs
- Tree/shrub planting

COST OF PLANTING (cost breakdown required per planting practice):

<u>Practice Description</u>	<u>Unit Amount</u>	<u>Cost per Unit</u>	<u>Total Cost</u>
A) _____	_____	_____	_____
B) _____	_____	_____	_____
C) _____	_____	_____	_____
D) _____	_____	_____	_____

Total Planting Cost \$ _____

Amount Requested from District \$ _____

(no more than 75% of total planting cost allowed, with a maximum of \$500/grant)

Contribution from other sources \$ _____

List other sources: _____

SIGNATURE:

I (we) hereby declare that the information, and all statements attached to this application are true, complete, and accurate to the best of my (our) knowledge.

Applicant Signature _____ Date _____

* Use extra paper if necessary.