

Flathead Conservation District Cost-Share Program

Introduction

The FCD Cost-Share Program is available to assist private landowners with conservation projects in Flathead County. Projects that employ multiple conservation practices are encouraged. All applications will be reviewed and ranked based on project merit and benefit to the natural resource. Please contact FCD if you have questions about the program or eligibility of your project.

Program Limitations

- Funding is restricted to one project per person or group per year.
- Program funding is limited to on-the-ground projects; i.e., fees and costs related to project design, permitting, or similar activities cannot be covered.
- Scientific research or studies will not be funded.
- Projects that involve restricted-use herbicides to control weeds must demonstrate that either the applicant has the appropriate license to use the herbicides or they will contract the work to a licensed applicator.
- Projects must be completed within the allotted timeframe (July 2017 to May 1, 2018), and they must be maintained for the lifespan of the practice(s).

Instructions

1. Fill out and submit the attached application. Incomplete applications will not be processed.
2. Enclose a detailed map with the location of each proposed practice clearly shown.
3. Submit completed application materials to:
Flathead Conservation District
Cost-Share Program
133 Interstate Lane
Kalispell, MT 59901
4. Applicants must participate in a site visit in June 2017, and they will be notified of their funding status in early July 2017.

Funding and Payment

FCD will fund 75% of the allowable project cost up to a maximum of \$5,000 per project. District cost-share funds combined with other funds cannot exceed the total actual cost of a practice. Only practices initiated and completed within the contract time frame will be reimbursed. The landowner is responsible for the up-front project costs. All receipts must be returned to FCD within the allotted time frame. Completed projects must be inspected before the reimbursement can be issued.

Contact FCD with program questions 406-752-4220.

2017-18 Timeline

| | |
|--|-------------------------|
| Applications accepted | Through May 31, 2017 |
| Application review, site visit, and ranking | June 2017 |
| Contracts released | July 2017 |
| Projects implemented | July 2017 – May 1, 2018 |
| Date by which all receipts for supplies and labor must be received | May 1, 2018 |
| Follow-up site visit | May 2018 |
| Board approves payment | June 2018 |

Eligible Practices*

| Type | Practice |
|-------------------------------|--|
| Stream/fisheries improvement | Bridge/culvert replacement Diversion replacement/upgrade Riparian forest buffers or herbaceous seeding Streambank and shoreline protection Stream channel stabilization |
| Erosion control | Filter strips Critical area planting/seeding |
| Wildlife habitat improvements | Restoration and improvement of native plant communities Wetland restoration Other habitat improvements (food, water, or cover for wildlife) |
| Upland improvement | Fencing for livestock management Forest stand improvement (pre-commercial thinning, pruning, slash removal) Pest management and weed control Pipeline (stock or wildlife water) Reforestation Spring development for livestock/wildlife Trough or tank for livestock/wildlife Water gap Windbreak/shelterbelt establishment or improvement |

*Other practices that are not listed may also be considered.

Application No. _____

Date received _____

FCD COST-SHARE APPLICATION

Fill out all questions completely including proposed costs. Incomplete applications will not be processed. A sketch or plan map must accompany each application showing location of planned project.

Name _____

Mailing Address _____ City/Town _____

State _____ Zip Code _____ Telephone _____

Email: _____

Project Address _____

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

PROJECT INFORMATION

Location:

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

Size of Project _____ acres/lineal feet.

Project Description (attach separate sheet if necessary)

Project Benefits: How will this project benefit natural resources?

List other conservation measures (if any) that will be employed to complement the project.

Public Benefit: benefits extend beyond landowner's property provides fire protection

Is this project part of a land management plan? Yes No If yes, please attach plan.

Does the project have local support from public organizations, agencies, or rural groups?

Yes No If yes, who? Attach letters of recommendation, if any.

Describe current condition and consequences to public and private resources if project is not funded.

Type of Project (check all that apply):

- | | |
|---|--|
| Streambank/shoreline protection | Filter strips |
| Stream channel stabilization | Critical area planting/seeding |
| Bridge/culvert replacement/upgrade | Wildlife habitat improvement |
| Reforestation | Forest stand improvement |
| Pest management/weed control | Wetland restoration |
| Restoration and improvement of native plant communities | Fencing for livestock management |
| Riparian buffers – forest or herbaceous | Stockwater improvements (pipeline, tank, spring) |
| Other (list) _____ | Windbreak or shelterbelt |

COST OF PROJECT (itemized cost breakdown required):

| <u>Description</u> | <u>Unit Amount</u> | <u>Cost per Unit</u> | <u>Total Cost</u> |
|--------------------|--------------------|-----------------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | Total Project Cost \$ | _____ |

Amount Requested from District \$ _____
(no more than 75% of total project cost allowed, with a maximum of \$5,000/project)

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 _____

Sponsor (if applicable) _____