



Project Application Form

Please provide the following information for the project to be considered by Delaware River Watershed Restoration and Protection Strategy (WRAPS) technical or financial assistance. Return the form to the Glacial Hills RC&D office at 318 Broadway, Valley Falls, KS 66088. For additional information, call 785-945-6292.

Date: _____

Landowner Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Is Project being requested by Landowner? () Yes () No

If no, who is requesting the Project?

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Legal Description (to nearest quarter section) of where the Project will be implemented. Include whether or not the project is located in a TMDL area, high priority HUC 12 watershed, etc (if known):

Project Description: _____

Requested assistance (be as specific as possible):

Technical (please describe) _____

Financial (estimate amount) \$ _____

Landowner or operator contribution \$ _____

What water quality problems will this Project address?

Where will the Project be implemented (check all that apply):

- Crop field
- Pasture/Range land
- Adjacent to a stream, pond, lake or other water body
- Farmstead
- Livestock lot or confined feeding area
- Other (please describe) _____

Distance to nearest stream or protected water body (include name of water body if known):

Are there other funding sources, partnering landowners or agencies involved with this Project (include any federal, state, local or other agencies)?

Yes No

If yes, please list: _____

For Projects that impact livestock operations, please list:

No. of livestock affected _____

Type of livestock _____

If you raise livestock, do you have any of the following:

Livestock waste permit Yes No

Livestock waste registration Yes No

Livestock waste certification Yes No

If you receive assistance as requested, would you be willing to share information about this Project through (check all that apply):

- Educational tours
- Allow public access (with prior notification)
- Participate in presentations to other groups
- Give testimonials
- Other (describe) _____

Signature of Applicant: _____
