

**Lawrence County Conservation District  
Aspen Regeneration & Restoration Grant  
Cost Share Application Form**

**Applicant Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

The undersigned owner of non-industrial private forestlands hereby requests cost-share assistance from the Lawrence County Conservation District (District) to complete the practice described below, and acknowledges that completing this application will not obligate the District to provide assistance. Owner promises to provide proof of ownership (i.e., current real estate tax notice) and a completed IRS Form W-9 to the District with this application. Owner promises to complete the practice according to the specifications in the practice plan for the practice area as approved by the State Forester. Upon completion of this practice owner agrees to provide the District proof of expenses by submitting a copy of a receipt, invoice, or other written document itemizing costs incurred. Owner agrees there will be no payment to the owner until such proof, along with a signed "Certification of Completion" has been received by the District, and the practice has been certified complete by the State Forester. Owner hereby authorizes representatives of the State to enter, after reasonable notice, at reasonable times, and in a reasonable manner, the practice area throughout the lifespan of the practice. Owner understands any cost share reimbursement depends upon the continued availability of grant funds awarded to the District for this project. This agreement will be terminated by the District if grant funds are not available. Termination for this reason is not a default by the District nor does it give rise to a claim against the District.

**Practice 1: Conifer Removal/Select Cutting of Aspen (Thinning & Slash Disposal)**

Acres Requested: \_\_\_\_\_ Estimate Cost per Acre \_\_\_\_\_ Total Thinning Funds Requested: \_\_\_\_\_

**Practice 2: Mechanical Root Stimulation**

Hrs Requested: \_\_\_\_\_ Estimate Cost per Hr: \_\_\_\_\_ Total Root Stimulation Funds Requested: \_\_\_\_\_

**Practice 3: Fencing**

Lf Requested: \_\_\_\_\_ Estimate Cost per Lf: \_\_\_\_\_ Total Fencing Funds Requested: \_\_\_\_\_

**Total Cost Share Requested:** \_\_\_\_\_

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only – Funding Approval and Agreement Expiration</b>	
Thinning: _____	Approved By: _____
Root Stimulation: _____	Approved By: _____
Fencing: _____	Approval Date: _____
Total Funding Approved: _____	Agreement Expiration: _____

The Lawrence County Conservation District is an equal opportunity service provider. Services are provided to all persons without regard to race, color, religion, gender, age, disability, national origin, or political beliefs.

Mail to: Lawrence County Conservation District, 1230 North Ave., Ste. 8, Spearfish SD 57783