



BICENTENNIAL NATURE TRUST APPLICATION

State Form 54984 (R / 5-13)
Approved by State Board of Accounts, 2013

Project number

Date received (month, day, year)

I. PROJECT NAME: _____

II. DESCRIPTION OF PROPOSED PROJECT: *Include acreage and special features. All property must be open to the public. (If more space needed, please attach additional sheets.)*

III. PROJECT TYPE:

A. PROJECT CATEGORIES: *Check all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Wetlands | <input type="checkbox"/> Public Access |
| <input type="checkbox"/> River Buffer | <input type="checkbox"/> Upland Forest |
| <input type="checkbox"/> Savanna / Prairie | <input type="checkbox"/> Threatened / Endangered Species _____ |
| <input type="checkbox"/> Trail / Greenway | <input type="checkbox"/> Other: _____ |

B. ACQUISITION TYPE:

- Inholding Addition to existing conservation area
- New property

C. PROPOSED PROPERTY OWNERSHIP AND MANAGEMENT:

- DNR will own the property? Yes No

If answer is NO, who will own the property?

- DNR will manage the property? Yes No

If answer is NO, who will manage the property?

D. COUNTY/COUNTIES: _____ County

E. LOCATION(S): *Section, Township, Range, Township Name, Rural Road name or number*

F. PROPERTY ZONING AND ADJACENT LAND USE

G. LANDOWNERS: *List property owners with addresses and telephone numbers.*

H. ENVIRONMENTAL ASSESSMENTS, STUDIES, APPRAISALS, BOUNDARY SURVEYS OR EVALUATIONS OF THE PROPERTY: *List or attach, if available.*

I. HAZARDS: Are there any known environmental hazards on the property? Yes No
If yes, please provide documentation.

J. STRUCTURES: *List any structures on the property. Indicate if any structures are within a floodway.*

K. OTHER: *Indicate if any dams, active or abandoned water wells, or natural gas wells are present on the property.*

IV. MAPS: *Attach an 8 1/2" x 11" Map(s) that includes the project site. Please outline and cross-hatch the project area.*

V. FUNDING/COST OF ACQUISITION:

A. PROPOSED BICENTENNIAL NATURE TRUST FUND SHARE: \$ _____

B. MATCHING FUNDS OR VALUES: A portion of the project review and rating will be based upon the ratio of outside matching funds. A match ratio of at least 1 to 1 is required.

List sources and amounts of matching funds available for your project. Attach letter(s) of intent from the person(s) or organization(s) providing match.

1. Monetary: _____

Subtotal \$ _____

2. Non-Monetary: (Donations of land or bargain sale)

Subtotal Non-BNT Funds \$ _____

C. ESTIMATED TOTAL PROJECT ACQUISITION COST: \$ _____

VI. ANNUAL PROPERTY TAXES: \$ _____

VII. CONTACTS FOR FURTHER INFORMATION:

Name: _____ Title: _____

Address (*number and street*): _____

City: _____ State: _____ Zip code: _____

Telephone number: _____ Fax number: _____

E-mail address (*required*): _____