Application deadline is January 31st of the year for which grant is applied.

ACTIVITIES RELATED TO SEDIMENT REMOVAL FROM LAKES AND RIVERS				
I. APPLICANT INFORMATION				
A. Project sponsor (applicant):				
Name:				
Address (number and street):				
City, State, and ZIP Code:				
Is the project sponsor already listed as a vendor with the s If the answer is no, a Vendor Information Form (State Ford before the sponsor can receive funds from the State of Ind	m 53788) must be submitted to the Indiana State Auditor			
B. Contact person for the sponsor organization:				
Name:	Title:			
Address (number and street):				
City, State, and ZIP Code:				
Telephone number (Day):	Telephone number (Evening):			
FAX number:	E-mail address:			
C. Briefly describe the past and present activities of the sponsor organization.				
D. Describe the legal status of the sponsor organization, i.e., indicate what the sponsor has done to acquire official standing. State when the organization was established. List current officers'/officials' names.				
E. If the sponsor organization is a "property owners" or "lake" association, what percentage of the affected lake's residents are members of the group?				
F. Are there other organizations also representing residents of the affected lake? What relationship do those organizations have with the sponsor/applicant on matters related to this application?				
G. Briefly describe the financial resources available to the sponsor organization (e.g. dues, contributions, fund drives, taxes, etc.).				
II. LAKE/ RIVER WATERSHED INFORMATION				
A. Lake(s) or River name(s):	B. County(ies):			
C. Lake size (acres):	D. Watershed (drainage basin) size (acres), if known:			

E	Describe how the general public can gain access to the lake (location, ownership, and any fees charged).	s) (i.e., the	number and types of access sites, their		
	III. PROJECT INFOR	MATION			
A	For what specific purpose or need is funding being sought?				
	Development of a sediment removal plan			1	
	Removal of sediment (dredging)		_	1	
	Purchase of lease of sediment removal equipment				
	Other (Explain below)				
	Describe the need for the project. Describe any studies or restoration measures that have beer	completed	for the lake/watershed		
		•			
D	 Describe here or on an attached sheet the activities for which support materials, as applicable). 	ı funding is	requested (include drawings or other		
E.	What is the total estimated cost of the project?				
	1. LARE Grant Amount Requested:	\$	%		
	2. Cash Match:	\$	%		
	3. In-Kind Match:	\$	%		
	4. Additional Funding from other source(s):	\$	%		
	Total Project Cost Estimate (sum of lines 1-4):	\$	100%		
	What was the basis for the estimate (e.g., diagnostic or feas formal bidding, etc.)?	bility study	, preliminary estimate by consultant,		
	If a LARE grant were awarded for the activity, when would the				
G	. If the funded activity would involve the use, lease, or purchas secure permission to use the land. If necessary access/use done in that regard.				
Н	Indicate how the sponsor will oversee the contractor's work a removal projects, indicate how the extent of the completed w site mapping is a required element of sediment removal proj	ork will be			

This application for Lake and River Enhancement program assistance is hereby submitted as authorized by the sponsoring organization.
Sponsor organization:
Printed name of representative:
Signature of representative (Note: Please insert the initials of the representative in this box to constitute the electronic signature on your organization's application.):
Date (month, day, year):

INSTRUCTIONS: This application can be completed electronically, but to submit it, you must save a copy of the completed form, assign it a file name, and e-mail it to: lare@dnr.lN.gov or print the completed form and mail to:

Lake and River Enhancement Program Division of Fish and Wildlife Indiana Department of Natural Resources 402 W. Washington Street, Room W273 Indianapolis, IN 46204 Telephone 317-233-1484

Application deadline is January 31st