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**Section I: Application Type**

**Lake Management Planning Grant**

Check one:

- Large-scale planning grant  
 Small-scale planning grant

Check one:

- Lake education  
 Organizational development  
 Other study or assessment, or multiple-purpose project

**Lake Management Protection Grant**

Check one:

- Wetland restoration  
 Ordinance development  
 Lake improvement  
 Lake classification  
 Land or easement acquisition

Legislative District Numbers	
Senate	Assembly
14, 18, 19	40, 53, 54, 56

To determine your legislative district, go to <http://165.189.139.210/WAML/>

Type in complete address, next screen shows information.

**Section II: Applicant Information**

Applicant Winnebago Lakes Council		Type of Eligible Applicant				
Lake Name Butte des Morts, Winneconne, Poygan		Size in Acres 30,000.00		<input type="checkbox"/> County	<input type="checkbox"/> Tribe	<input type="checkbox"/> Other Governmental Unit
Project County/Township/Section/Range Winnebago, Waushara Counties		<input type="checkbox"/> City	<input type="checkbox"/> Sanitary District	<input checked="" type="checkbox"/> Non Profit Conservation Organization		
Authorized Representative Named by Resolution Michael Lizotte		<input type="checkbox"/> Village	<input type="checkbox"/> Lake District	<input type="checkbox"/> School Districts (Planning)		
Authorized Representative Title President, Board of Directors		<input type="checkbox"/> Town	<input type="checkbox"/> Lake Association			
Address 2339 Hickory Lane		Project Contact Name- Michael Lizotte				
City Oshkosh		Project Contact Title President, Board of Directors				
State WI	ZIP Code 54901	Address 2339 Hickory Lane				
City Oshkosh	State WI	City Oshkosh	State WI	ZIP Code 54901	ZIP Code 54901	
Daytime Phone (area code) (920) 420-1732	Evening Phone (area code) (922) 233-6273	Daytime Phone (area code) (920) 420-1732	Evening Phone (area code) (922) 233-6273			
E-mail Address lizotte@uwosh.edu		E-Mail Address lizotte@uwosh.edu				

**Mail Check to:** (if different from applicant)

Name and Title	Address		
Organization	City	State	ZIP Code

**For DNR Use Only**

Application Type	Date Received	Date Reviewed (LC)	Lake Coordinator Approval / Date
Waterbody ID#	Adequate Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental Grants Specialist Approval / Date	
Eligible Project <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Priority Rank	
Prior Grant Award(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Year(s)	Amount Received To Date \$	Project Awarded <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section III: Project Information**

Project Title Winnebago Waterways Phase II Lake Planning (Upper Pool)	Proposed Ending Date 12/31/14
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Other Management Units Around Lake	Letter of Support	Other Management Units Around Lake	Letter of Support
1.	<input type="checkbox"/>	4.	<input type="checkbox"/>
2.	<input type="checkbox"/>	5.	<input type="checkbox"/>
3.	<input type="checkbox"/>	6.	<input type="checkbox"/>

**Section IV: Lake Access**

Number of Public Vehicle Trailer Parking Spaces Available at Public Access Sites: 200

Number of Public Access Sites on Lake Including Boat Launches and Walk-ins: 50

**Section V: Cost Estimate and Grant Request**

Section V must be completed or application will be returned. Details in support of Section V are welcome.	Project Costs		
	Column 1 Cash Costs	Column 2 Donated Value	DNR Use Only
1. Salaries, wages and employee benefits		20,610.00	
2. Consulting services	24,200.00		
3. Purchased services--printing and mailing	800.00		
4. Other purchased services (specify): boat rental			
5. Plant material			
6. Supplies (specify)			
7. Depreciation on equipment			
8. Hourly equipment use charges			
9. State Lab of Hygiene (SLOH) Costs			
10. Non-SLOH Lab Costs			
11. Land or easement acquisition value			
12. Associated acquisition costs			
13. Other (specify)			
14. Subtotals (sum each column)	25,000.00	20,610.00	
15. Total Project Cost Estimate (sum of column 1 plus sum of column 2)	45,610.00		
16. State Share Requested (calculate based on State share listed below)	25,000.00		

Subject to the following maximum grant amounts:

- Large-scale lake planning projects--up to \$25,000 - 67% State share
- Small-scale lake planning projects--up to \$3,000 - 67% State share
- Lake classification and regulation or ordinance development projects--up to \$50,000 - 75% State share
- Lake protection projects (other than lake classification and regulation or ordinance development projects)--up to \$200,000 - 75% State share

Use of Federal funding as match: (check box below if applicable)

We are using or planning to apply for Federal funds to be used as match.

If known, indicate source of funding:

**Section VI: Attachments (check all that are included)**

**A. For all applicants:**

- 1. Authorizing resolution
- 2. Letters of support
- 3. Map of project location and boundaries
- 4. Lake map with public access sites identified (per Section IV of this application and page 33 of the guidelines)
- 5. Itemized breakdown of expenses
- 6. For projects that entail sending samples to the State Laboratory of Hygiene (SLOH) only: a completed SLOH Projected Cost Form
- 7. Project scope/description:
  - a. Description of project area
  - b. Description of problem to be addressed by project
  - c. Discussion of project goals and objectives
  - d. Description of methods and activities
  - e. Description of project products or deliverables
  - f. Description of data to be collected, if applicable
  - g. Description of existing and proposed partnerships
  - h. Discussion of role of project in planning and/or management of lake
  - i. Timetable for implementation of key activities
  - j. Plan for sharing project results
  - k. Other information in support of project not described above

**B. For applicants that are Lake Management Organizations (LMOs) or Non-profit Conservation Organizations (NCOs):**

- 1. For first time applicant LMOs only: A completed Form 8700-226 (Lake Association Organizational Application)
- 2. For first time applicant NCOs only: Copy of IRS 501(c)(3) determination letter and copies of your Articles of Incorporation and Bylaws
- 3. List of national and/or statewide organizations with which you are affiliated
- 4. List of board members' names, including municipality and county of residence. Designate officers
- 5. Documentation of current financial status
- 6. For land or easement acquisition projects: Detailed description of your organization's land management experience
- 7. Brochures, newsletters, annual reports or other information about your organization

**C. Wetland Restoration Projects:**

- 1. Deed, easement, or land control agreement
- 2. Preliminary engineering plans
- 3. Water regulatory permits
- 4. Map of project location and boundaries

**D. Ordinance Development Projects:**

- 1. Inventory of applicable existing ordinances
- 2. Description of resources each jurisdiction allocates to enforcement
- 3. Preliminary surveys

**E. Lake Improvement Projects:**

- 1. Engineering and design plans
- 2. Water regulatory permits
- 3. Map of project location and boundaries


**Section VI: Attachments, continued**

**F. Land or easement acquisition projects:**

- 1. DNR Form 1800-1 (Environmental Hazards Assessment Form)
- 2. Legal description of the property
- 3. Project location boundary map
- 4. Property or easement appraisal (if not previously submitted to the Department)
- 5. If escrow closing, the title insurance commitment
- 6. Evidence of compliance with Uniform Relocation Act requirements, if applicable
- 7. Agricultural Impact Statement, if applicable
- 8. Status of acquisition negotiations, including expected time frame for closing
- 9. A land management plan
  - a. Full description of property and conditions
  - b. Description of current and proposed uses of property and adjoining properties
  - c. Management requirements for property
  - d. If roads, piers or grading are proposed, a topographic survey with feature locations, and design cross sections

**Section VII: Certification**

I certify that information in this application and all its attachments are true and correct and in conformity with applicable Wis. Statutes.

Print/Type Name of Authorized Representative Michael Lizotte	Title of Authorized Representative President, Board of Directors
Signature of Authorized Representative 	Date Signed 07/31/13