Date Received App #

Backyard Conservation Program

The purpose of this program is to help Warren County residents with the necessary means to establish, enhance, restore, and/or maintain a backyard conservation project.

Eligibility

- 75/25 cost share rate not to exceed \$200.00 (Reimbursed 75% of expenses, up to \$200)

- One application per household (Warren Co. residents only)

- Application must be approved before starting project

- Project *must* be completed within the respective project guidelines/specifications (if you have questions regarding if something is eligible for reimbursement, please ask prior to purchase)

- Photographs and receipts must be submitted for reimbursement

Applicants are subject to spot-check.

Please complete your project within 90 days.

Address: Phone:	Applicant Name:				
What project will you be participating in? (You may choose two projects; but, the max cost share will not exceed \$200.)Insect HotelsRaised Garden BedsRain BarrelPurple Martin HouseNative Tree PlantingPollinator OasisCompost BinOther:Rain GardenBee HivesBat House	Address:		Phone:		_ May we text? Y N
Insect HotelsRaised Garden BedsRain BarrelPurple Martin HouseNative Tree PlantingPollinator OasisCompost BinOther:Rain GardenBee HivesBat House			Email:		
Native Tree PlantingPollinator OasisCompost BinOther:Rain GardenBee HivesBat House	What project will you be part	icipating in? (You may choose	e two projects; but,	the max cost share will n	ot exceed \$200.)
Rain Garden Bee Hives Bat House	Insect Hotels	Raised Garden Beds	Rain Barrel	Purple Martin House	
	Native Tree Planting	Pollinator Oasis	Compost Bin	Other:	
Please describe your project:	Rain Garden	Bee Hives	Bat House		
	Please describe your project:				
		unty Conservation District be over arising from the Backyard			quential, incidental, pro

□ I received read understand and will complete my project within the respective project widelines/energi

□ I received, read, understand, and will complete my project within the respective project guidelines/specifications

I agree to the terms outlined above: _

Applicant Signature

Date

Email app to: penny.wccdky@outlook.com or, *Text app to:* 270-202-3667 or, *Mail app to:* WCCD, 925 Lovers Ln., Bowling Green, KY 42103

Office Use: Date _____ Approved / Denied