

**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE
WILDLAND FIRE DIVISION
REQUEST FOR COST-SHARE ASSISTANCE**

Applicant Information

First Name: MI: Last Name:

Address:

City: State: ZIP Code:

Home: Work: Cell:

Project Information

Address:

City: State: ZIP Code:

Legal Location: Latitude: Longitude:

Number of Acres: Community:

Applicant Request

I request cost-share assistance to complete the project described above. I agree to complete the entire project by the expiration date or all cost-share funds shall be forfeited. I understand that by completing the application I am not guaranteed cost-share. Upon completion of the project, I agree to provide the Wildfire Suppression Division with proof of my expenses by submitting a copy of a receipt, invoice, or other written document itemizing costs incurred. I understand that I will not receive payment until such proof along with a signed "Certificate of Project Completion" has been received by the Division. I authorize a representative of the Division to have access to the project site area. I have not yet started the project and I understand that if I begin the project before receiving written approval I may be denied funding.

Signature of participant: Date:

Office Use Only

Approved By: Date Approved: Amount Approved:

WUI Approved: Date Approved: Date Cancelled:

Project Description:

Program: Expiration Date: