



the limnological institute

A conservation organization providing research and solutions for the preservation of our inland waters.

Post Office Box 304 ● La Crosse, WI 54602-0304 ● Phone: 800-485-1772 ● Fax: (608) 526-2123

Section I: Application Type

TLI Sponsored Project

Waterways Planning Grant

Check one:

Large-scale planning grant (>\$3,000.00)

Small-scale planning grant (<\$3,000.00)

Check one:

Self-Help trend monitoring project

Education

Organizational development

Other study or assessment project

Sponsor Name:

Waterways Restoration Grant

Check one:

Large-scale restoration grant (>\$3,000.00)

Small-scale restoration grant (<\$3,000.00)

Check one:

Lake

Flowage

River

Stream

Section II: Applicant Information

Applicant	Type of Eligible Applicant:
Waterway Name	<input type="checkbox"/> County <input type="checkbox"/> Lake District
Project County/Township/Section/Range	<input type="checkbox"/> City <input type="checkbox"/> Lake Association
Authorized Representative Named by Resolution	<input type="checkbox"/> Village <input type="checkbox"/> Other Government Unit
Authorized Representative Title	<input type="checkbox"/> Town <input type="checkbox"/> Conservation Organization
Address	Project Contact Name
City, State, Zip	Project Contact Title
Daytime Phone and Evening Phone (area code)	Address
E-mail Address	City, State, Zip
	Daytime Phone and Evening Phone (area code)
	E-Mail Address

For TLI Use Only

Application Type	Date Received	Date Reviewed	Board Approval/Date
State Waterbody ID#	Adequate Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No	Aquatic Ecosystem 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		Project Ending Date	
Name of Project Supporter	Letter of Support	Name of Project Supporter	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:

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

Section V: Cost Estimate and Grant Request

	Project Costs	
	Column 1 Cash Costs	Column 2 Donated Value
1. Salaries, wages and employee benefits	\$	\$
2. Consulting services	\$	\$
3. Purchased services—printing and mailing	\$	\$
4. Other Purchased services (specify):	\$	\$
5. Supplies (specify)	\$	\$
6. Lab costs	\$	\$
7. Subtotals (sum each column)	\$	\$
8. Total Project Cost Estimate (sum of column 1 plus sum of column 2)	\$	\$
9. TLI Share Requested	\$	\$

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

A. For all applicants:

- 1. Authorizing resolution
- 2. Letters of support
- 3. Copy of IRS 501(c)(3) determination letter and copies of your Articles of Incorporation and Bylaws
- 4. List of national and/or statewide organizations with which you are affiliated
- 5. List of board members names and contact information including county of residence
- 6. Documentation of current financial status
- 7. Detailed description of your organizations management activities
- 8. Past reports, brochures, newsletters, annual reports or other information regarding your organization

B. For non TLI sponsored projects

- 1. Description of project area
- 2. Description of problem to be addressed by project
- 3. Discussion of project goals and objectives
- 4. Description of methods and activities
- 5. Description of data to be collected, if applicable
- 6. Description of existing and proposed partnerships
- 7. Discussion of role of project in planning and/or management and restoration
- 8. Timetable for implementation of key activities
- 9. Plan for sharing project results
- 10. Other information in support of project not described above

Section VII: Authorization

I certify that information in this application and all its attachments are true and correct.

Print/Type Name of Authorized Representative	Title of Authorized Representative
Signature of Authorized Representative	Date Signed