APPLICATION FORM

Wisconsin Valley Improvement Company Recreation Facilities Assistance Program

Today's Date:
Project title:
Name of reservoir the project occurs on:
Name of entity that currently owns and maintains the site:
Driving directions to the site:
A brief description of the project (add attachments as necessary):
Estimated total cost of the project: \$ Funds requested from WVIC: \$
Contact name and position title:
Address, City, State, Zip:
Phone number: Email address:
Check any of the following that apply: A fee is, or will be, charged for the use of this facility Cost-sharing to match WVIC funding would be available for this project Facility is, or will be, accessible (in accordance with ADA/ABA Accessibility Guidelines) In-kind assistance requested
Return this Application Form by September 2, 2022 via:
Email to: sblado@wvic.com or Mail to: Scott Blado