

Detailed instructions [online](#).

Easement Number

Request Submitted by

Is Payee interested in [electronic payment](#)? Yes No

Payee Name

Co-Payee Name, if any

Payee Address

City State Zip

Practice Type

Practice Area(s)

Acres to be Treated

Is this a re-installation? Yes No *If yes, explain installation failure in box below.*

Will request result in change to the practice type(s), acres, and/or boundaries in the current conservation plan?

Yes No *If yes, submit a signed amended conservation plan and map with this request.*

Describe request. Include reason for funding need, any other easements affected, and proposed activities and timeline.

Planned activity/item(s) required for this practice	Estimated Cost

TOTAL ESTIMATED COST

Expected non-RIM funding source(s) for this practice, if any	Estimated Amount

TOTAL ESTIMATED NON-RIM FUNDING

RIM FUNDING REQUEST FOR THIS PRACTICE:

Requester: As an authorized representative of the organization requesting this funding, I certify that to the best of my knowledge the information in this form is accurate and in accordance with RIM practice standards and specifications.

Requester Signature

Date

BWSR Technical: As BWSR staff with the training and authority to review and approve technical project plans, I certify that the above goals, activities/materials, and estimated costs meet RIM practice standards and specifications.

BWSR Technical Approval Signature

Date

Notes