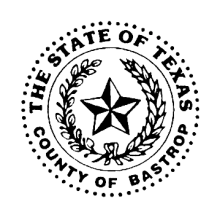
**Bastrop County**

**Lost Pines Habitat Conservation**

**Habitat Enhancement Grant Program**

Contact the LPHCP Administrator at Bastrop County at (512) 332-7284 for any questions.

|  |  |  |
| --- | --- | --- |
| **Project Name:** Click here to enter text. | **Date:** Click here to enter text. | |
| **Landowner Name:** Click here to enter text. | | |
| **Address:** Click here to enter text. | | |
| **City:** Click here to enter text. | **State:** Click here to enter text. | **Zip:** Click here to enter text. |
| **Email:** Click here to enter text. | **Phone:** Click here to enter text. | **Cell:** Click here to enter text. |

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| **Project Summary:**  Briefly describe project goal(s), previous federal funding specific to project, budget, proposed work, how results will be measured and how the effects will be sustained (this is a one or 2 paragraph synopsis): |
| Click here to enter text. |

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| **Property Description:** |
| County where project will occur: Click here to enter text. |
| Acres or linear distance of actual habitat manipulation:Click here to enter text. |
| Location of the property (Please provide approximate distance/direction from the nearest town):  Click here to enter text. |
| Description of property (vegetation, topography, soils, creeks, springs, caves, historic & present land use, etc.):  Click here to enter text. |

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| **Proposed Scope of Work:**  What type of conservation or management action(s) will be undertaken to improve the status of the Houston toad? How large will the habitat area be when combined with adjacent habitat or corridors? PLEASE BE SPECIFIC WITH METHODS DESCRIPTION (EQUIPMENT, MATERIALS, ETC.) INCLUDING PRIMARY AND SECONDARY IMPACTS. (Secondary impacts include all treatments/activities undertaken in preparation of a project, e.g., dozing a new road to access a remote fencing project.) Be as complete as possible. |
| Click here to enter text. |

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| **Proposed Schedule of Work:**  Outline a proposed time schedule to complete the management actions proposed for your project. All contracts are set up in 1-year phases, with annual extensions possible. |
| Click here to enter text. |

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| **Proposed Budget:**  Describe how funds will be used. A minimum landowner match of 50% is required. Match in the form of labor will be paid at a rate of $10/hour. Please keep in mind that this is a reimbursement program. Landowners will need to submit *paid* invoices to the LPHCP Administrator for validation and reimbursement processing. Invoices and documentation for match must also be submitted. | | | |
| **Detailed Budget Costs** | **LPHCP Funding Requested** | **Landowner Contribution** | **Total Project Cost** |
| **Labor** (limited to $10/hr. if supplied by landowner or volunteers) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Supplies and materials** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contracted work and services** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Equipment** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Other:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Other:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **TOTAL:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Cost per acre of habitat directly impacted | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | | | |
| **LPHCP funds:** (space provided for additional detail if needed)  Click here to enter text. | | | |
| **Matching funds:** (space provided for additional detail if needed)  Click here to enter text. | | | |

Return completed application to:

LPHCP Administrator

901 Pecan Street

Bastrop, TX 78602

OR via email to:

BastropLPHCP@co.bastrop.tx.us