

YORK COUNTY CONSERVATION DISTRICT
EXELON HABITAT IMPROVEMENT PROJECT FUNDING APPLICATION

1. Name _____
2. Address _____
3. Telephone/E-mail: _____
4. Municipality _____
5. Tax Parcel ID _____
6. Cooperator number (if applicable) _____
7. Project Location: _____
8. Watershed/stream name: _____
9. Type of farm operation or property:

10. Sediment/nutrient/habitat problem description:

11. BMP details . check all that apply

Installation of Ag BMPs:	Construction of other HIPs:
<input type="checkbox"/> Forested stream buffers	<input type="checkbox"/> Forested stream buffers
<input type="checkbox"/> Wetlands creation	<input type="checkbox"/> Wetlands creation
<input type="checkbox"/> Barnyard BMPs	<input type="checkbox"/> Riparian buffer maintenance
<input type="checkbox"/> Pasture BMPs	<input type="checkbox"/> Stream restoration and maintenance
<input type="checkbox"/> Field BMPs	<input type="checkbox"/> In-stream habitat improvement and maintenance
<input type="checkbox"/> Stream restoration	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	

12. Project distance from the stream. _____

13. Project Type _____ New _____ Maintenance

