

WAYNE COUNTY



SOIL & WATER CONSERVATION DISTRICT

10 Leach Road, Lyons, New York 14489

Telephone/Fax (315) 946-4136

waynecountyNYsoilandwater.org

Dear Educator,

Great News! Wayne County Soil and Water Conservation District has been awarded education funding that can provide assistance toward field and classroom conservation education.

Any School District that participates in these co-curricular activities: Envirothon, Water Week (April), Agricultural Awareness Month (March), or Conservation Field Days will be eligible to obtain a 75/25 cost share reimbursement grant up to \$500.00 towards field project or lab equipment to be used to demonstrate practical job knowledge to students for water quality conservation.

These funds are available to eleven school districts in the Wayne County area. Please use the attached form to apply.

For more information you can contact Ron Thorn rdtswcd@rochester.rr.com or Maxine Appleby outreachswcd@rochester.rr.com.

Sincerely,

Maxine Appleby, Conservation Public Relations Specialist
Wayne County Soil & Water Conservation District

Enclosure: Application

This funding is made available through partnership with New York State Environmental Protection Funding with New York State Department of Environmental Conservation and the Finger Lakes Lake Ontario Watershed Protection Alliance (FLOWPA)

WAYNE COUNTY



**SOIL & WATER
CONSERVATION DISTRICT**

**CONSERVATION
EDUCATION GRANT**

Application Project Name: _____

Contact Name: _____

School: _____

Primary Phone No: _____

Mailing Address: _____

City, State, Zip Code of school: _____

_____ Envirothon

_____ Water Week - April

_____ Agricultural Awareness Month - March

_____ Conservation Field Days

Please provide a brief description of how funds will be used: (How many students will use materials over the life of materials? Are they reusable? What career field are the associated with and how will the equipment/materials improve natural resource awareness of local issues? Please attach a typed overview and outline of the project.

Total Cost of the Project: _____

Applicant Contributions: _____

Grant Funds Requested: _____

By signing this form, I attest that all information presented is true and accurate to the best of my knowledge and any additional information that is requested for consideration is attached.

Printed Name: _____

Signature: _____ Date: _____

To apply, fill out the application and return to the District Office at 10 Leach Rd. Lyons, NY 14489; email at Wayneswcd2@rochester.rr.com; or by to fax 315-946-4136

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