

**Heron Lake Watershed District
Food Plot Incentive Program
Enrollment Form**

Name: _____ **Telephone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Practice Location – Township: _____ **Section:** _____

Program Requirements

The Heron Lake Watershed District is providing funds for a food plot incentive program. The program requires a three-year commitment and will pay an annual incentive of \$50 per acre.

To qualify for this program, the undersigned agrees to install and maintain a food plot for three years. The site will be inspected by HLWD staff on an annual basis. Failure to maintain the food plot will result in the undersigned repaying 100% of the incentive funds.

Authorized Signature _____ **Date** _____

Title _____

Performance Report

Authorized Signature _____ **Date** _____

Title _____

Payment Information

Total Payment: _____ **Date** _____