

**Oliver County  
Local Work Group (LWG) EQIP Criteria Worksheet - FY09**

Applicant: \_\_\_\_\_ Application/contract #: \_\_\_\_\_

Date Ranked: \_\_\_\_\_ Ranked by: \_\_\_\_\_

**Oliver County LWG Ranking Criteria**

**Question #    Y    N**

<b>1</b>			
<b>2</b>			
<b>3</b>			