

UCC Lien Required? Yes No
 Date Fee Paid? _____ Check # _____
 Copy w/ Map or Picture to Inspectors? _____

C/S ID # _____
 C/S Category # _____
 Funding Year # _____

Kent Conservation District CONSERVATION COST-SHARING APPLICATION

**(PLEASE PRINT EXACTLY AS IT SHOULD APPEAR ON
 YOUR CHECK AND 1099 TAX FORM)**

Name _____
 Street Address _____
 City, State, Zip _____
 SSN or BUSINESS ID # _____

Farm Name _____
 Tax Map # _____
 Contact Name _____
 Phone Number (Home) _____
 Phone Number (Work) _____
 Water Management Animal & Agricultural Waste
 Water Quality Erosion & Sediment Control

Applying for SRF Loan? Yes No Using other C/S program funds? No Yes Program? _____

A	B	C	D	E	F	G	H
Practice Needed	Units Requested	Units Approved	%	C/S Amount Not to Exceed	Units Done	Total Cost	C/S Earned

Applicant Certification - I request cost-sharing under the current program to solve the problem shown above. The practice solution is needed on the farm as shown above and would not be performed to the extent requested and needed by me without cost-sharing. (Column C)

 Owner or Power of Attorney (Column B & C)

 Date

 NRCS District Conservationist (Column C Approval)

 Date

 Kent Conservation District Board Member (Column D & E Approval)

 Date

 Owner or Power of Attorney (Column F Report)

 Date

 NRCS District Conservationist (Column G Certification)

 Date

 Kent Conservation District Board Member (Column G & H Approval)

 Date

KENT CONSERVATION DISTRICT
Operations and Maintenance Agreement For Conservation Cost-Sharing Assistance

This agreement pertains to the following practice.

Practice	Units Installed	Date Installed

If cost-sharing is approved for the above practice(s), I agree to return all or part of the cost-sharing assistance paid to me as determined by the District if, before the expiration of the specified practice life span of 10 years, I either destroy the approved practice or voluntarily relinquish control of, or title to the land on which the approved practice has been established and the new owner or power of attorney of the land does not agree in writing to properly maintain the practice for the remainder of the 10-year specified life span.

 Owner or Power of Attorney

 Date

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For District Use Only: Follow-up Inspection Reports

I certify that the practices installed, as listed above, have been inspected, continue to meet specifications, and are being operated as intended.

<u>YEAR</u>	<u>NAME</u>	<u>DATE</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

MAINTENANCE AGREEMENT EXPIRATION - The practice listed above has successfully met the 10-year Operation and Maintenance agreement requirement.

 KCD Representative

 Date