

**Request for Cost-Sharing Payments  
& Destruction Certification Form**

**Certification 2 of 2**

PLEASE PRINT CLEARLY

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Amount Paid

**Total Funds Approved (see other side) for payment = \$ \_\_\_\_\_**

I certify that the above information is true and correct and that the acreage reported on the back of this form has been destroyed. I further certify that the practice for which the cost-sharing was requested was performed in accordance with the Natural Resources Conservation Service practice specifications and other program requirements. I hereby apply for payment to the extent that the Kent Conservation District has determined that the practice has been performed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I certify that the above crops have been planted and are eligible to receive cost-share assistance.

Signature of Technician \_\_\_\_\_

Date \_\_\_\_\_

Payment Approval

Signature of District Chairman \_\_\_\_\_

Date \_\_\_\_\_

*\* Maximum cost-share assistance is \$50,000 per applicant to be paid after destruction.*

