

**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 destroyed 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.*

