

LAWRENCE COUNTY SOIL & WATER CONSERVATION DISTRICT
CLEAN WATER INDIANA
Grant Application for Cost Share 2010-2011

Last Name First name
_____, IN
Mailing Address City Zip

Tract/Farm Number/Township/Section(s) Number

I am interested in applying for the following type of cost share: _____ Acres _____

What other practice(s) would you be interested in doing in the future?

Type of farming practices you are currently involved in:

- Row Crop Livestock Forages Forestry

Cost Share Programming _____

- YES I have participated in conservation cost share programming in the past
 NO I have not participated in conservation cost share programming in the past

Conservation Planning _____

- YES I have a conservation plan on file with NRCS
 NO I don't not have a conservation plan on file with NRCS

I wish to cooperate with Lawrence County Soil & Water Conservation District (hereafter called SWCD), and I am asking for assistance in applying and maintaining the above noted conservation practice on my land.

To the best of my ability I intend to preserve and protect the soil, water and natural resources on my land. In doing this, I will comply with the state and federal laws governing water. I will keep in good repair all structures and conservation measures installed with SWCD assistance.

I understand that assistance will be provided dependent on services, equipment, personnel and materials available to the SWCD. If materials and equipment are furnished at my request, I will use them according to the plan and under conditions specified by the SWCD or its partners. I will allow SWCD or its partner representatives the right of ingress and egress for the purpose of planning, assisting and inspection of the conservation work and I agree that neither the SWCD, its partners, I, will be liable for damages to the other except those caused by negligence or misconduct.

I understand that by signing this application I am agreeing to complete the stated project by _____ should my application be approved for funding.

Only one project per landowner will be allowed for this program. This program will not be approved if you have an active program for the same project with FSA, NRCS or another State Program.

LAWRENCE COUNTY SOIL & WATER CONSERVATION – CLEAN WATER INDIANA

All receipts **MUST** be turned in before a project will be considered complete and payment will be issued.
NO PARTIAL PAYMENTS WILL BE ISSUED!

By signing you agree to participate in and apply all practices by guidelines provided and to have the project completed and all receipts turned into the Soil & Water Conservation District office before

Landowner's Signature

Date

--- FOR OFFICE USE ONLY ---

By action of the Board of Supervisors of Lawrence County Soil & Water Conservation District the above noted land owner is hereby considered to be a Cooperator of the SWCD. This agreement will remain in effect until _____ unless the land owner or the SWCD cancels it in writing.

Project approved on:

Signed by Board of Supervisors (quorum of 3 signatures required for approval – board members cannot sign their own project agreement)

Approval/Acknowledgement of District Conservationist

Certification of completion Date _____

Receipts Received Date _____ Paid Date _____