

**Warrick County Soil & Water Conservation District (WCSWCD)**

**Soil Health & Water Quality Restoration Initiative**

**2018-2020 Agricultural Cost-Share Program**

**APPLICATION**

Name		Mailing Address	
City, State ZIP	Phone Number	E-Mail	

**Application Type (circle one):**      **Cropland**      **Pastureland**

FSA <sup>1</sup> Farm #	FSA Tract #	FSA Field #	Desired Practice <sup>2</sup>	Treated Acres
<b>TOTAL ACRES</b>				

**NOTES:**

<sup>1</sup>Submit up-to-date (2018) FSA Map(s) with this application for each field

<sup>2</sup>Eligible practices include: Filter Strip, Livestock Exclusion, Nutrient-Scavenging Crop, and Prescribed Grazing

## PROGRAM RULES

1. Applications will be accepted on a rolling basis.
2. Applicants must submit **UPDATED** Farm/Tract/Field Maps from the Farm Service Agency for each field they intend to apply for the program.
3. SWCD personnel rank each application using the NRCS Application Evaluation Ranking Tool. Applicants will be selected on ranking score until funds are depleted; a program contract will be sent to successful applicants for signature and submission. Once submitted, the participant is obligated to install each practice within 6 months and maintain it to NRCS standards and specifications for the duration listed below. Cost-share is only for one year.
  - Filter Strip (5 year) - \$150/Acre
  - Livestock Exclusion (10 year) - \$1.20/Linear Foot
  - Nutrient-Scavenging Crop (1 year) - \$15/Acre
  - Prescribed Grazing (1 year) - \$20/Acre
4. Certain exceptions regarding NRCS practice standards may be made by WCSWCD, but participants must first get signed approval from the district chairman.
5. Failure to complete obligated practice(s) will disqualify participants from consideration for the next year of funding, unless granted good faith by the WCSWCD Supervisors.
6. Once a practice is complete, the participant should notify SWCD personnel, who will then field verify and document practice completion. Following a positive field verification, the WCSWCD Board of Supervisors will appropriate funding at the next meeting, which will be disbursed to the participant via check ASAP.
7. An SWCD employee must witness each applicant has read and understands this document.

## PARTICIPANT AGREEMENT

**By seeking eligibility for this cost-share program, the undersigned participant:**

1. Releases WCSWCD and/or sponsor from any and all liability;
2. certifies personal control of all tracts listed in the application;
3. accepts any and all liability, financial or otherwise, in implementing program practices;
4. attests practices will be implemented in the appropriate fields as listed in the application;
5. agrees to adhere to and submit documentation as required by NRCS practice standards;
6. consents that SWCD personnel and partners may verify practice completion via field check;
7. and recognizes that all program rules must be followed and SWCD determinations are final.

I, \_\_\_\_\_, a landowner/operator in Warrick County, Indiana, have read and understand the **Program Rules**, **Participant Agreement**, and the relevant NRCS practice standard sheet(s). I hereby submit my application to the WCSWCD for financial assistance via its Soil Health and Water Quality Restoration Initiative. I understand that failure to adhere to the 'Program Rules', 'Participant Agreement', and NRCS Practice specifications may disqualify me from participation in this program and/or receiving cost-share funds from it.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SWCD Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_