SFY 2020 KACD WRAPS Partnership Initiative
Cost-Share Financial Assistance
Request Form

Please complete for cost-share financial assistance consideration:

Cost-share financial assistance requested for the following conservation practice(s):
_________________________________________________________________________________

When will the practice(s) be installed/completed?
_________________________________________________________________________________

What is the current land use?
_________________________________________________________________________________

Legal Description: ____1/4 ____1/4 Sec.____ Twp.____ Rng.____  Tract #: _____  Field #: ______
(Indicate location of proposed project on aerial map.)

Are you willing to allow this project to be used for demonstration purposes?  YES  NO

Landowner’s Name (as appearing on deed):
_________________________________________________________________________________

Participant’s SSN/FEIN: _________________________________

Mailing Address: _________________________________________

Telephone Number(s): _______________________________________

Operator’s Name & Telephone Number: _______________________

Multiple participants?  Yes  No  If yes, please add additional participants’ information on next
page with percent share.

NOTE:

• Completing this form does not guarantee cost-share financial assistance.
• Construction/installation/implementation of this practice(s) started prior to contract approval will result in
  ineligibility for cost-share financial assistance.
• Each proposed project will be evaluated and ranked based on established criteria.
• An on-site evaluation of proposed projects may be conducted by the conservation district/NRCS
  staff to determine eligibility of the project.

• If approved for cost-share financial assistance, the landowner(s) must sign a contract agreeing to
  the terms set forth in the contract.  Certain projects have additional requirements.

• You will be notified of the status of your request for cost-share financial assistance by the _______ County
  Conservation District.
• Incentive payments will be based on a rate of $30 per pound of Phosphorous reduced by the approved installed
  practice not to exceed 100% of Landowner Actual Cost.

For Administrative Use Only

Date Received ______________________
Submitted by ______________________
Eligible Practice?  YES  NO
Est. Lbs. of Phos Reduced _______
HUC _____________________________
Livestock: YES  NO
Cropland: YES  NO
Est. Incentive Payment ____________

C-S Program _______________________
Contract # ________________________
### Multiple Participant’s:

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