

SFY 2020 KACD WRAPS Partnership Initiative

Cost-Share Financial Assistance

Request Form

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 _____

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.**

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Request Form (Continued)

Multiple Participant's:

Participant's Name:

SSN/FEIN: _____

Mailing Address: _____

Telephone Number(s): _____

Percent Share: _____

Participant's Name:

SSN/FEIN: _____

Mailing Address: _____

Telephone Number(s): _____

Percent Share: _____

Participant's Name:

SSN/FEIN: _____

Mailing Address: _____

Telephone Number(s): _____

Percent Share: _____