

**SFY 2021 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 12 Code:	_____	
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 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Farm#: \_\_\_\_\_ Tract#: \_\_\_\_\_  
(Indicate location of proposed project on aerial map.) Field#(s): \_\_\_\_\_

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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**Cost-Share Financial Assistance**

**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: \_\_\_\_\_