



COST SHARING ASSISTANCE APPLICATION AND AGREEMENT

DISTRICT NAME: _____ Commission Program _____

Landowner referral by regulatory agency TYPE _____
Please include a copy of the referral from the regulatory agency

Type of Facility & Number of Animals			
<input type="checkbox"/> Dairy # _____	<input type="checkbox"/> Heifer # _____	<input type="checkbox"/> Pigs # _____	<input type="checkbox"/> Chicken # _____
<input type="checkbox"/> Horses # _____	<input type="checkbox"/> Beef – Pasture # _____	<input type="checkbox"/> Beef – Feedlot # _____	
<input type="checkbox"/> Other # _____			

Section 1. Cooperator

Cooperator Name _____ Farm Name _____
 Cooperator Address _____ City _____ State _____ ZIP _____
 Farm Address _____ City _____ State _____ ZIP _____
 Phone _____

Section 2. Background

- A. Is this landowner a current district employee, or an associate supervisor? *(See 10-minute Supervisor #10, July 2003)* Yes No
- B. Has your local conservation district prepared a conservation plan for your operation? Yes No
- C. If so, does your plan represent your present operation? Yes No
- D. Has your plan been approved by the district? Yes No
- E. Will the BMP's described in Sections 3 & 4 allow you to completely implement your conservation plan? Yes No
- F. If cost-sharing assistance is approved for your operation, will you contribute labor, equipment, or materials during installation of the practice(s). Yes No

Section 3. Environmental quality problems; proposed Best Management Practices (BMP); and environmental benefits expected *(attach additional sheets if needed)*

<p>A. DESCRIPTION AND LOCATION OF ENVIRONMENTAL QUALITY PROBLEM(S). Please include a legal description of the property where environmental quality problem(s) are located and where needed BMP(s) will be installed. Please include photo of site(s) if available.</p>

<p>B. BEST MANAGEMENT PRACTICES (BMP) OR CONSERVATION PRACTICES NEEDED TO CORRECT THE IDENTIFIED ENVIRONMENTAL QUALITY PROBLEM(S) AND FOR WHICH COST-SHARING ASSISTANCE IS REQUESTED. PRACTICES SHOULD BE IN ORDER OF LOGICAL IMPLEMENTATION.</p>

C. DESCRIPTION OF ENVIRONMENTAL QUALITY BENEFITS THAT ARE EXPECTED TO BE PRODUCED BY THE PRACTICES INSTALLED.

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D. DESCRIPTION OF THE ANNUAL PROOF OF PERFORMANCE DOCUMENTATION METHOD AGREED TO BY THE CONSERVATION DISTRICT AND THE COOPERATOR.

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Section 4. Planned BMP and Calculation of Cost-Share Assistance (attach a "Cost Share Application Worksheet" for each BMP)

<i>Description of Planned BMP or Conservation Practice (BMPs must meet established NRCS standards and specifications, or an alternative practice design approved by a professional engineer. The cost differential for practices installed to higher specifications shall be the responsibility of the cooperator)</i>	NRCS Practice Code	Practice Design Life	Column 4 Total BMP Cost (sum of Columns 5+6+7)	Column 5 Cooperator's Contribution (from worksheet item 4)	Column 6 Cost-Sharing From Other Sources (from worksheet item 4)	Column 7 Eligible Cost-Share Requested (from worksheet item 4)
Total Eligible Cost-Share						
Cost-Share Assistance Provided by Grant No. _____ <i>(be sure to use the complete grant number)</i>						

Section 5. Application and Agreement

I request cost-share assistance under the Conservation Commission's Water Quality Cost-Sharing program to install the best management/conservation practices described on the attached worksheets and summarized in Section 4. above. These practices are needed to solve the water quality problems described in Section 1, and would not be performed to the extent requested and needed by me without state cost-sharing.

I understand the obligation of the conservation district to reimburse me for cost share assistance is contingent on the availability of funds through legislative appropriation and state allotment to the Washington Conservation Commission, and that when this contract crosses over state fiscal years, the obligations of the Conservation Commission and conservation district are contingent upon the appropriation of funds during the next fiscal year. I further understand the failure to appropriate or allot such funds shall be good cause to terminate this contract.

If sufficient cost-sharing funds are made available to the conservation district by the Conservation Commission, and if this application is approved for the practice(s) requested;

- I understand, I will be notified by the conservation district of the approval and funding status of this cost share assistance request within 30 days of my application, or by _____ (date) as agreed to by myself and the conservation district.

Section 6. Agreement Completion Certification *(must be signed prior to payment)*

I hereby certify that implementation of the above described BMP or conservation practices have been completed as of the date shown below, and that they meet the established NRCS specifications, or are alternative practice designs approved by a professional engineer. If cost-share payment is needed prior to completion of one or more practices, the district must verify that the practices have been completed or installed within the timeframe agreed to by the cooperator. This agreement is made in consideration of the mutual covenants set forth herein.

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_____	_____	_____	_____	_____	_____
Implementation Checked	District Staff ²	Date	Final Implementation Check <i>(if needed)</i>	District Staff ²	Date

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Cooperator
Date

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Approved By Authorized District Signer
Date

² Includes NRCS technical personnel, Washington State licensed professional engineers, and district staff with NRCS job approval authority.

APPROVED AS TO FORM BY AAG