Form 001 - Cost-share Project Request Form

| C   | Lea Soil and Water Conservation District<br>Application for Cost-Share Funding |                       |               |       |
|---|--|-----------------------|---------------|-------|
| conserving<br>natural resources<br>for our future | Applicat   | tion No.:             |               |       |
| Application Date:                                 | Funding  | g Amount Requested:   |               |       |
| Resource Concern:                                 |  |                       | Homeowner     | Ranch |
| Farm  |  |                       |               |       |
| Name:   |  |                       |               |       |
| Mailing Address:                                  |  |                       |               |       |
| Home Phone:                                       |  |                       |               |       |
| Are you enrolled in any financ                    | ial assistance Programs throug   | gh NRCS? Please list: |               |       |
| Legal Description of proposed                     | project location:  |                       |               |       |
| Description of natural resource                   | concern/problem:   |                       |               |       |
| List proposed practice (s) to ad                  | ldress problem:  |                       |               |       |
| Acreage: Owned Leased Both                        | Acres affected by proje  | ect: No.              | of livestock: |       |
| Planned start date?                               | Planned  | completion date?      |               |       |
| Angling of Democratic                             |  |                       |               |       |

Applicant Request:

I request cost-share assistance to address the natural resource problem (s) on the land identified above using the practice (s) listed. If cost-share is approved for the practice (s) requested, I agree to maintain and operate the practices in accordance with Best Management Practices for the items installed. If I, my employees, or others under my direction destroy, do not maintain, or abandon installed practice (s) from their original intended purpose within 5 years of a paid assistance, I will be liable for refund of all cost-share assistance paid to me by the Lea Soil and Water Conservation District. I certify that I have both read and understand the application, and received a copy of the cost-share guidelines. I understand that Cost-Share Assistance will be based on funds available and economic usefulness to cost ratio for the installed practice (s) as determined by the Board.

Applicant Signature

Date

Please provide a drawing of proposed project and area and a map with directions to the location on reverse side of this sheet. Proof of ownership of property will also have to be documented. (Deed or Lease)