|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Treaty Creek-Wabash River Watershed**  **319 Agriculture Cost-Share Program - Application Form** | | | | | | | | | | | | | |
| Applicant Name | | | | | | | Applicant Address | | | | | | |
| Phone # | | | | | | | Email | | | | | | |
| Landowner Name | | | | | | | Landowner Address | | | | | | |
| Farm # | | | Tract # | | | | | | Field # | | |  | |
| **Best Management Practice(s) needed to improve water quality** (continue or describe on back as needed) | | | | | | | | | | | | | |
| **Field #** | | **NRCS Practice Title & FOTG Code** | | | **Quantity/Unit** | | | **Distance from Waterbody** | | **Name of Waterbody** | | | **Approx. Install Date** |
|  | |  | | |  | | |  | |  | | |  |
|  | |  | | |  | | |  | |  | | |  |
|  | |  | | |  | | |  | |  | | |  |
| **If practice is an annual practice, check the number of years for which you are requesting funding.** | | | | | | | | | | | | | |
|  | 1 year | | |  | | 2 years | | | |  | 3 years | | |
| Is this parcel enrolled in any other farm bill programs? (please circle)  No EQIP CRP CSP ACEP | | | | | | | | | | | | | |
| Estimated Total Project Cost:  Please attach detailed documentation of your estimate for the total cost of the project. Adequate documentation should include a contractor’s bid, price quote, or other supporting documents. | | | | | | | | | | | | | |
| I understand that I will be required to sign a contract with the Wabash River Defenders detailing this project and that project staff or partners will need to access my property to inspect the practice to confirm proper installation. Furthermore, I understand that submitting this application does not guarantee funding, that all projects require a 25% match (cash or in-kind), and that project funding will occur on a reimbursement basis which may take up to 8 weeks for me to receive payment.  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |