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