

**SFY 2023 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 \_\_\_\_\_

Livestock:    YES    NO

Cropland:    YES    NO

Est. Incentive Payment \_\_\_\_\_

C-S Program \_\_\_\_\_

Contract # \_\_\_\_\_

**Please complete for cost-share financial assistance consideration:**

Cost-share financial assistance requested for the following conservation practice(s):

\_\_\_\_\_  
(If Practice is Cover Crop indicate year enrolled:    1<sup>st</sup> Year    2<sup>nd</sup> Year    3<sup>rd</sup> Year)

When will the practice(s) be installed/completed? \_\_\_\_\_

What is the current land use? \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rng. \_\_\_\_\_ Tract #: \_\_\_\_\_

Field #'s/Acres: \_\_\_\_\_

(Indicate location of proposed project on aerial map.)

Are you willing to allow this project to be used for demonstration purposes?    YES    NO

Landowner's Name (as appearing on deed):

\_\_\_\_\_

Participant Name (if other than landowner):

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.

SSN/FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Operator's Name & Telephone Number: \_\_\_\_\_

Multiple landowners?    Yes    No    If yes, please add additional landowners' information on next page with percent share.

**SFY 2023 KACD WRAPS Partnership Initiative**

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

- **NOTE: 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**

- **Completing this form does not guarantee cost-share**
- **per pound of Phosphorous reduced by the approved installed practice not to exceed 100% of Landowner Actual Cost. Maximum per acre rates apply: 1<sup>st</sup> year per acre payment - \$45; 2<sup>nd</sup> year per acre payment - \$30; 3<sup>rd</sup> year per acre payment - \$15.**