

Clark - Jefferson CWI 2018
Clark and Jefferson County Soil & Water Conservation District (SWCD)
Cost-Share Application for Soil Health Practices

Landowner/Operator Information

Name			Address			City	
State	Zip	Home Phone	Cell Phone		E-Mail		
Legal Description:	Township	Range	Section	County	Civil Township Name	Acreage	
Tax ID or Social Security Number (we cannot make payments until we have this information)**:							
Farm #	Tract #	Field #	Description of Conservation Treatment	Unit	Payment per Unit	Total Payment Allocated	

Producer Agreement

1. The landowner/operator agrees to implement the above practices according to NRCS standards and specifications and the attached conservation plan.
2. The landowner/operator certifies that he/she has control of the above tracts.
3. The landowner/operator releases the SWCD or sponsor from any and all liability.
4. The landowner/operator accepts any liability, financial or otherwise, in installing the practices described above.
5. The landowner/operator will provide proof of completion through receipts, photos, etc.
6. The landowner/operator will allow a person from the SWCD or a partner to confirm completion of the project.
7. The landowner/operator understands that the total payment allocated may not be the total payment amount received. Actual payment received relies on quantity installed and actual receipts.
8. Eligible conservation practices and incentive payments are located on the CWI 2018 Grant brochure.
9. Maximum total payment is \$2,500 per participant.

I, _____, a landowner/operator in Clark or Jefferson County, Indiana, hereby make application to the Soil and Water Conservation District for assistance to install/apply the conservation practice(s) listed above.

Producer's Signature: _____ Date: _____

SWCD Approval

Signature: _____ Date: _____
SWCD Chairman or Designee

SWCD Use Only

Approval for payment in the amount of: \$ _____

Certification of Completion

I certify that the practices described above were completed.

Name:	Date:
Agency:	