## MADISON COUNTY SOIL & WATER CONSERVATION DISTRICT Application for Cost Share — WATER QUALITY INITIATIVE Practices

Application Received (Date):	<b>By</b> (Staff): Er	ntered in FARMS:	Application #			
	APPLICANT IN	FO		APPLICANT TYPE		
First Name:ADDRESS:		□ Owner □ Agent				
CITY:				☐ Contract Buyer ☐ Previous Owner ☐ Tenant		
				☐ Contract Seller		
PHONE #(s)		Business Account?				
<u>YE</u>			<u>NO</u>			
Last 4 digits of EIN: XX-XXX	Last 4 digits of	Last 4 digits of SSN: XXX-XX				
Business Name:	Alias/Doing Bu	Alias/Doing Business As (e.g., Trust under SSN):				
<b>Business Type:</b>						
☐ Corporation ☐ Partnership	☐ Trust ☐ LLC**		Note:			
**LLC filing as □ Partnership □	-	have	All applicants must have a W-9 on file. Businesses must also have a IDALS Legal Entity Form on file.			
Other:						
LOCATION If more than one PROVIDE MAP(S)  FARM # TRACT #	rse Staff will	COVER CROPS Staff will fill in acres/dollars after planning completed  First-time User				
LEGAL DESCRIPTION:	acre	acres @ \$30.00/ac \$ Flat Rate				
(Quarter) (Section) (Townsh	TN R		□ Previous User  acres @ \$20.00/ac\$			
First Time U	acic	Flat Rate				
NITRIFICATIO  Nitrapyrin or Pronitridine only acres @ \$3.00/ac  Flat Rate		to 100 acres fo acres each year required to sign landowner mus Total cost shar	□ Multi-Year (Madison County SWCD will offer \$25/ac on to 100 acres for up to 4 years. Must be applied on the same acres each year. Both the applicant and the landowner are required to sign the Request for Assistance letter. The landowner must sign the Maintenance/Performance Agreeme Total cost share will be paid in first year after certification; to applicant will be required to certify each year.)			
NO-TILL or S	acre	s @ \$25.00/ac Flat Rate	\$			
acres @ \$10.00/ac Flat Rate	\$	-	X	years = \$		
NOTE: All WQI Statewide management the applicant must sign the Residue and Maintenance Agreement and Eligibility will be planned to meet NRCS standards a	Management Practices - Practic	r and ctice decided not to do i agreement, the land amount. It is not provided to the control of	ned up to do cover crops for t for the full term specified a downer would be required to corated for the number of ye	in the maintenance/performance o pay back the entire cost share ars the practice was used.		
submitting this application, I understance will be bound by a maintenance againing purposes.	tand that it is subject to the e	NOTE: Individuals the ligibility requirements of	the program; that any	share funding will receive a 1099. practices completed with o my land for conservation		

Date

Signature

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Applicar	nt:					Application #
Acres:						* If the applicant is <b>not the landowner</b> , please explain.
	FARM #	TRACT #		-	_	Landowner?
	(Quarter)	(Section) (Township)	T	N R	W	□Yes □No*
		TRACT #		_		Landowner?
	(Quarter)	(Section) (Township)	T_	N R	W	□Yes □No*
		TRACT #			W	Landowner?  □Yes □No*
	(Quarter)	(Section) (Township)				
		TRACT #			W	Landowner?  □Yes □No*
	(Quarter)	(Section) (Township)				
		TRACT #		_		<u>Landowner?</u>
	(Quarter)	(Section) (Township)	1_	N R	<b>vv</b>	□Yes □No*
(	Cover Crops	Spacios Rate (	(lbe or	bu per acr	ra) or %	afmiv. Additional Notae.
		(if left bl	lank, minir	mum rate will	be used on	of mix: seeding plan)  Additional Notes:
	☐ Winter W					
	☐ Turnip☐ Rapeseed	1				
	Other	please list in Addition	ıal Not	$es box \rightarrow$		
<u>s</u>		<b>hod:</b> nter / Broadcast with Inc roadcast Not Incorporate		tion		
<u>I</u> C C C	☐ Crimp ☐ Tillage	eeze				
<u>T</u> C C C	☐ At the time ☐ After plan	Fiming:  efore planting following e of planting following cuting crop but prior to emiss (flowering / shedding)	crop nergence			