ALCOA COST-SHARE APPLICATION

Non-Residential Application

Applications accepted on a rolling, monthly basis

The goal of this grant is to help clean and protect the waters of Warrick County. As such, each applicant will be ranked according to their ability to accomplish this goal by the Warrick County SWCD Board monthly. If your application isn't ranked high enough to be awarded, it will be reviewed again. You can modify your application and resubmit the application.
Maximum of $2,500 per applicant

Please read and sign below where required

Applications will be ranked for funding based on this system:

Preferences will be given for the following:

HEL acres: ___ New SWCD cost-share applicant: ___

New practice established on land: ___ Practice Requested: ___

Applicant Name_____

Address_____ City, State, Zip_____

Email_____ Phone number_____

Make cost-share checks payable to (only applicant may receive payment) _____

Are you a new applicant for the SWCD cost-share programs? (If no please write how many years you have participated in the program.) □**Yes** □**No** Years participated _____

What watershed will this practice be established in (if you don't know, we can help you find this out):

_____

Please answer the following questions to help the Board with the ranking process:

Briefly describe your operation below (Ex: livestock present, property size in acres, wet or dry, full sun or shade, gardens, row crop, cut flowers, residential, recreational, park, school, etc.):

_____

_____

_____

Briefly describe any resource concerns with your operation/property (Ex. Wind and water erosion, livestock production limitation, pest pressure, wildlife habitat loss, soil compaction, plant productivity, etc.):

_____

_____

_____

Farm # _____ Tract #_____ Field/s # _____ Total Acres Enrolled _____

Please list the practice(s) you are interested in:

_____

- Please answer these questions in the appropriate boxes: What is the total practice cost for you to execute this practice? (If you do not know, that is okay, you can give a rough estimate)
- What amount of funding are you asking from the district? (If you do not know, that is okay, you can give a rough estimate)
- Acreage or measurable amounts appropriate (Example - acres of field or # of rain barrels)

If you are interested in a practice that is not listed, please list the practice you would like to employ below please write in the other box.

Non-Residential Cost Share Practices

Practice Name	Acres/ Measurable Amounts	Total Cost of Practice	Cost Share Amount Requested
Filter Strip (introduced or native) *			
HUAP (permanent tank or livestock pipeline) *			
Livestock Rotation			
Livestock Exclusion			
WASCOB			
Solar Pumps			
No Till			
Biochar			
Interseeding			
Cover Crops			
Conservation Buffer (Introduced or Native) *			
Manure Storage + CNMP, plan, with roof			
Prescribed Grazing			
Water Harvesting			

*Would have a contracted lifespan

Requirements to receive cost-share:

- Applicants agree to implement practices, describe and follow NRCS Standards. All cover crops must be applied by no-till practices, broadcasting, or aerial application. Cover crops must meet NRCS seeding specifications. Participants are encouraged to no-till in the spring.
- Landowner/operator accepts liability, financial or otherwise, by installing practices above and releases SWCD or partners from any and all liability.
- It is up to the landowner and operator to communicate who is responsible between the two parties. Applicant is the only person qualified to receive cost-share payment(s) from SWCD.
- Applicants will provide proof of completion through receipt, seed tags, calls, photos and will allow SWCD representatives to confirm project completion through a site visit.
- Requests received after funds are obligated will be added to wait list.
- The applicant is responsible for submitting supporting documents to Warrick County SWCD. Failure to submit documents will result in forfeiture of payment. Not following these terms may result in applicants refunding cost-share payment to the SWCD.
- SWCD employees will make field visits to verify implementation, completion, and any other field checks which may be needed for the practice

I, _____ hereby submit a request to Warrick County SWCD for cost-share to install/apply the conservation practice(s) listed. I have read and understand the terms and conditions.

Applicant's Signature_____ Date_____

SWCD USE:

Points: _____

Date Received: _____

SWCD USE ONLY

Date request received_____
Received by_____
Total acres_____

Date seed tags received_____
Date invoice received_____
Date W9 received_____

Field checked by_____
Date checked_____
Date paid_____
Amount paid_____
Check#_____