Kentucky Soil and Water Cost Share Program Application

Applicant Information	Application ID:
First Name Last Name	BMPs Requested
Address	Livestock AFO BMP
City/State Zip Code	Livestock Pastureland BMP
Cell Phone Home Phone	Cropland BMP
Application Date Email	Forestland BMP
County Conservation District	
Are you the owner of the land on which the BMP will be installed?	
Location Information	
Latitude (N) Longitude(W)	Farm No
County where practice will be installed	Tract No.
Additional Consideration	
The applicant has a <i>current</i> Kentucky Agricultural Water Quality Plan on file. <u>Note</u> : A <i>current</i> AWQP is <u>required</u> to apply for Kentucky State Cost Share funding.	
The land, where the practice(s) will be located, is within the boundaries of a Ker Agricultural District. Agricultural District ID Number:	ntucky Division of Conservation approved
The applicant has received state cost share funds within the last 3 years. Year(s) funded
The applicant has failed to comply with practice lifespans or complete previous cost share projects within five (5) years prior to the application date. If this has occurred, the applicant is not eligible for cost share funding.	
Agricultural Operation Information	
What type of agricultural operation do you have? (Check all that apply)	
Livestock: Beef Equine Croplan Dairy Poultry Swine Other:	d <u>Forestland</u>
If this is a livestock operation, how many head (animals) are currently on your operation?	
If livestock are present, how many acres are grazed? Do you currently have	e a nutrient management plan? Yes / No
What types of resource concerns are you attempting to improve upon by applying for Kentucky State Cost Share?	
 Animal Waste Erosion (Sediment) Water Quality/Quantity 	mination

Potential BMPs that may interest you in resolving the above resource concerns: ______

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Applicant Agreement

I request cost share assistance under this program to install BMPs to help solve natural resource problems. The practice(s) needed to conserve soil and water resources on the farm identified above could not be performed to the extent requested without cost share assistance. I understand that in order to receive state cost share funds, the practices must be installed to approved design standards and specifications and may need to be certified by an NRCS engineer. If cost-sharing is approved for the practice(s) requested, I agree to refund all or part of the cost share assistance paid to me, as determined by the local conservation district, if before the expiration of the specified practice life span I (a) destroy the approved practice, (b) cease to use the practice for its intended purpose or (c) voluntarily relinquish control of title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its life span. I also authorize conservation district staff to enter the contents of this application into the online Kentucky Eform system on my behalf.

Applicant Signature: _____ Date: _____

Conservation District Approval or Disapproval (Completed by the Conservation District Board)

We have reviewed this cost share request and make the following recommendations based on the program guidelines of the Kentucky Soil Erosion and Water Quality Cost Share program.

Approve application for cost share submittal and ranking.

Disapprove the application for cost share submittal and ranking due to ineligibility criteria in 416 KAR 1:010.

Chairman:

Date:

County Conservation District