## **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. Note: A <i>current</i> AWQP is required to apply for Kentucky State Cost Share funding.		
The land, where the practice(s) will be located, is within the boundaries of a Kentucky Division of Conservation approved Agricultural District. Agricultural District ID Number:		
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:	<u>d</u> <u>Forestland</u>	
If this is a livestock operation, how many head (animals) are currently on your op	peration?	
If livestock are present, how many acres are grazed? Do you currently have a nutrient management plan? Yes / No		
What types of resource concerns are you attempting to improve upon by applying for Kentucky State Cost Share?		
<ul><li>Animal Waste</li><li>Erosion (Sediment)</li><li>Water Quality/Quantity</li><li>Nutrient Loss</li><li>Pesticide Contains</li></ul>	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 practice(s) needed to conserve soil and water resources on the farm identified above could not be extent requested without cost share assistance. I understand that in order to receive state cost shares to installed to approved design standards and specifications and may need to be certified by cost-sharing is approved for the practice(s) requested, I agree to refund all or part of the cost shares determined by the local conservation district, if before the expiration of the specified practice approved practice, (b) cease to use the practice for its intended purpose or (c) voluntarily relinquilland on which the approved practice has been established and the new owner and/or operator of agree in writing to properly maintain the practice for the remainder of its life span. I also authoriz staff to enter the contents of this application into the online Kentucky Eform system on my behalf	e performed to the nare funds, the practices y an NRCS engineer. If re assistance paid to me life span I (a) destroy the ish control of title to the f the land does not the conservation district
Applicant Signature: Date:	
<u>Conservation District Approval or Disapproval</u> (Completed by the Conservation District Board)	
We have reviewed this cost share request and make the following recommendations based on the the Kentucky Soil Erosion and Water Quality Cost Share program.	e program guidelines of
Approve application for cost share submittal and ranking.	
Disapprove the application for cost share submittal and ranking due to ineligibility criteria	a in 416 KAR 1:010.
Chairman: Date:	
County Conservation District	