

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

Application Received (Date): \_\_\_\_\_ By (Staff): \_\_\_\_\_ Entered in FARMS: \_\_\_\_\_ Application # \_\_\_\_\_

**APPLICANT INFO**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 PHONE #(s) \_\_\_\_\_ home / cell

**IS THE APPLICANT THE LANDOWNER?**  
 See below / reverse

*\* If the applicant is **not** the landowner, please explain:*  
 \_\_\_\_\_

**Is this a Business Account?**

YES

Last 4 digits of EIN: XX-XXX \_\_\_\_\_

Business Name:  
 \_\_\_\_\_

Business Type:

Corporation  Partnership  Trust  Other:

NO

Last 4 digits of SSN: XXX-XX- \_\_\_\_\_

Alias/Doing Business As (e.g., Trust under SSN):  
 \_\_\_\_\_

Note:

All applicants must have a **W-9** on file. Businesses must also have a **IDALS Legal Entity Form** on file.

**LOCATION**

Multiple tracts listed on reverse

If more than one tract, list *all* on reverse

FARM # \_\_\_\_\_ TRACT # \_\_\_\_\_

**Landowner?**  
 Yes  No\*

LEGAL DESCRIPTION:

\_\_\_\_\_ T \_\_\_\_\_ N R \_\_\_\_\_ W  
 (Quarter) (Section) (Township)

**COVER CROPS**

**First-time User**

\_\_\_\_\_ acres @ \$25.00/ac ..... \$ \_\_\_\_\_  
 Flat Rate

**Previous User**

\_\_\_\_\_ acres @ \$15.00/ac ..... \$ \_\_\_\_\_  
 Flat Rate

**Multi-Year** (Madison County SWCD will offer \$25/ac on up 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 Agreement. Total cost share will be paid in first year after certification; the applicant will be required to certify each year.)

\_\_\_\_\_ acres @ \$25.00/ac ..... \$ \_\_\_\_\_  
 Flat Rate  
 x \_\_\_\_\_ years = \$ \_\_\_\_\_

Additional information for Multi-Year Cover Crops (funded by IFIP):  
 If an applicant signed up to do cover crops for multiple years and decided not to do it for the full term specified in the maintenance/performance agreement, the landowner would be required to pay back the entire cost share amount. It is not prorated for the number of years the practice was used.

First Time Users Only:

**NITRIFICATION INHIBITOR**

*Nitrapyrin only, with fall-applied anhydrous*

\_\_\_\_\_ acres @ \$3.00/ac ..... \$ \_\_\_\_\_  
 Flat Rate

**NO-TILL or STRIP-TILL**

\_\_\_\_\_ acres @ \$10.00/ac ..... \$ \_\_\_\_\_  
 Flat Rate

**NOTE:** All WQI Statewide management practices are for one year only and the applicant must sign the **Residue and Management Practices - Practice Maintenance Agreement and Eligibility Certification form**. All practices will be planned to meet NRCS standards and specifications.

By submitting this application, I understand that it is subject to the eligibility requirements of the program; that any practices completed with cost share will be bound by a maintenance agreement; and I grant SWCD representatives the right of ingress and egress to my land for conservation planning purposes.

**X**

Signature

Date

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

Applicant: \_\_\_\_\_ Application # \_\_\_\_\_

*\* If the applicant is **not the landowner**, please explain.*

FARM # \_\_\_\_\_ TRACT # \_\_\_\_\_  
\_\_\_\_\_  
(Quarter) (Section) (Township) T \_\_\_ N R \_\_\_ W

**Landowner?**

Yes  No\* \_\_\_\_\_

FARM # \_\_\_\_\_ TRACT # \_\_\_\_\_  
\_\_\_\_\_  
(Quarter) (Section) (Township) T \_\_\_ N R \_\_\_ W

**Landowner?**

Yes  No\* \_\_\_\_\_

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(Quarter) (Section) (Township) T \_\_\_ N R \_\_\_ W

**Landowner?**

Yes  No\* \_\_\_\_\_

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**Landowner?**

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**Landowner?**

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