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MADISON COUNTY SOIL & WATER CONSERVATION DISTRICT
Application for Cost Share — REAP-P Stormwater BMPs

</div>

Application Received (Date): _____ **By** (Staff): _____ Entered in FARMS: _____ **Application #** _____

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APPLICANT INFO

</div>

First Name:_____ Last Name:_____

ADDRESS:_____

CITY:_____STATE:_____ZIP CODE: _____

EMAIL_____

PHONE #(s)_____ home / cell

IS THE APPLICANT THE LANDOWNER?

☐Yes ☐No*

*If the applicant is **not the landowner**, please explain:
_____

Is this a Business Account?

YES	**NO**
Last 4 digits of EIN: XX-XXX_____	**Last 4 digits of SSN**: XXX-XX-_____
Business Name: _____	**Alias/Doing Business As** (e.g., Trust under SSN):
Business Type:	_____
☐ Corporation ☐ Partnership ☐ Trust ☐ LLC**	
**LLC filing as ☐ Partnership ☐ Corporation ☐ Sole Proprietor.	<u>Note:</u> All applicants must have a **W-9** on file. Businesses must also have a **IDALS Legal Entity Form** on file.
☐Other: _____	

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LOCATION INFO
(as applicable)

</div>

Parcel Number: _____

LEGAL DESCRIPTION: T_____N R_____W

_____
(Quarter)   (Section)   (Township Name)

FARM # _____   (Farm and Tract numbers are not required for Stormwater BMPs)

TRACT # _____

✓ **WHEN WILLING TO DO WORK:**
☐ **Spring**
☐ **Summer**
☐ **Fall**

All practices will be designed to meet the standards of the Iowa Stormwater Management Manual (ISWMM) or Rain Garden Design and Installation Guide.

Learn more: iowastormwater.org

PRACTICE REQUESTED:
Practice Name *Maintenance Agreement*

<u>Practices only eligible for REAP-P Cost Share:</u>

☐ Soil Quality Restoration *5 yr*

☐ Bio-Retention *10 yr*
☐ Infiltration Basin *10 yr*
☐ Infiltration Trench *10 yr*
☐ Native Landscaping *10 yr*
☐ Permeable Pavement *10 yr*
☐ Rain Garden *10 yr*
☐ Sand Filter *10 yr*
☐ Stormwater Filter Strip *10 yr*
☐ Stormwater Pocket Wetland *10 yr*
☐ Underground Sand Filter *10 yr*

☐ Dry/Wet Swale—Wetland Channel *20 yr*
☐ Dry Detention Basin *20 yr*
☐ Extended Detention Shallow Wetland *20 yr*
☐ Extended Dry Detention Basin *20 yr*
☐ Micro-Pool Extended Detention Pond *20 yr*
☐ Shallow Wetland *20 yr*
☐ Stormwater Grassed Swale *20 yr*
☐ Stormwater Pond/Wetland *20 yr*
☐ Wet Detention Basin *20 yr*
☐ Wet Extended Detention Pond *20 yr*

Unless otherwise noted, REAP-P cost share is at 50% of the eligible or estimated cost, whichever is less.

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