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

Application Received (Date):	By (Staff): Enter	red in FARMS:	Application #		
	APPLICANT INFO)	IS THE APPLICANT THE LANDOWNER?		
First Name:			See below / reverse		
ADDRESS:					
CITY:EMAIL_			* If the applicant is not the landowner, please explain:		
PHONE #(s)					
<u>y</u>	<u>YES</u>		<u>NO</u>		
Last 4 digits of EIN: XX-XXX_		Last 4 digits of SSN	Last 4 digits of SSN: XXX-XX		
Business Name:		Alias/Doing Busine	Alias/Doing Business As (e.g., Trust under SSN):		
Business Type:					
□ Corporation □ Partnership	☐ Trust ☐ LLC**		i. i		
**LLC filing as \(\Boxed{\text{Partnership}} \)	☐ Corporation ☐ Sole Proprietor		All applicants must have a W-9 on file. Businesses must also have a IDALS Legal Entity Form on file.		
	•	have a ID			
Other:					
LOCATION \Box If more than one tract, list <i>all</i> on re	Multiple tracts listed on reverse		COVER CROPS		
	Landowner	_	er		
FARM # TRACT #	□Yes □No	* acres @	\$25.00/ac \$		
LEGAL DESCRIPTION:		☐ Previous User			
(Quarter) (Section) (Towns	TN R		\$15.00/ac \$		
First Time	Users Only:				
NITRIFICATION Nitrapyrin only, with	ON INHIBITOR fall-applied anhydrous \$	to 100 acres for up acres each year. B required to sign the landowner must sig Total cost share wi	□ 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.)		
	STRIP-TILL	acres @	\$25.00/ac \$		
	\$		x years = \$		
NOTE: All WQI Statewide management the applicant must sign the Residue an Maintenance Agreement and Eligibility will be planned to meet NRCS standards	nd Management Practices - Practic ty Certification form. All practice	If an applicant signed decided not to do it for performance agreement	on for Multi-Year Cover Crops (funded by IFIP): I up to do cover crops for multiple years and or the full term specified in the maintenance/ ent, the landowner would be required to pay back the unt. It is not prorated for the number of years the		
	agreement; and I grant SWCD re		program; that any practices completed with cosngress and egress to my land for conservation		
	XSignature	e	Date		
	Signature		Date		

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Applicant:					Application #
					* If the applicant is not the landowner , please explain.
	TRACT #				<u>Landowner?</u>
(Ot)	(Section) (Township)	T	N R	W	□Yes □No*
(Quarter)	(Section) (Township)				
FARM #	TRACT #				Landowner?
		T	N R	W	□Yes □No*
(Quarter)	(Section) (Township)				
FARM #	TRACT #				Landowner?
		T_	N R	W	□Yes □No*
(Quarter)	(Section) (Township)				
FARM #	TRACT #				Landowner?
			N R	W	□Yes □No*
(Quarter)	(Section) (Township)				
FARM #	TRACT #				
		 T	N R	W	<u>Landowner?</u>
(Quarter)	(Section) (Township)				□Yes □No*