## Franklin County Conservation District Cost Share Assistance Application

BEST MANAGEMENT PRACTICE YOU ARE APPLYING FOR	CONTRACTOR YOU PLAN TO USE TO COMPLETE PROJECT:
LANDOWNER, as shown on FSA record / match deed	must attach a W9 and 156 from FSA
	If owner is a TRUST, each member must provide a W9
	* grid sampling and cover crops may be operator of record with FSA
MAILING ADDRESS for payment from state, it is NOT direct deposit	TELEPHONE:
LEGAL DESCRIPTION:	FARM # and TRACT #
EMAIL: (Help us reduce paper by sending documents electronically)	Must attach a map with project area/details marked.
CURRENT CROP and planned NEXT CROP	CURRENT GRASS TYPE / DESIRED GRASS TYPE *
	* Must attach Benchmark Assessment Worksheet for pasture projects
Have you made application for this same project within the last 2 years?	

Have you made application for this same project within the last 2 years?

If yes, was that application approved and a contract set up?

If yes, was that contract completed and payment issued?

If a contract was approved but not completed explain why not:

BEFORE SIGNING THIS APPLICATION PLEASE READ THE FOLLOWING, your signature below will indicate you have read and understand the following:

- No work shall begin prior to receiving approval, in the form of a contract. If any work is started before receiving approval the project will become ineligible for cost-share.
- All work must be completed to meet NRCS standards and specifications to be eligible for payment. NRCS Standards and Specifications
  are available at the NRCS office and should be discussed with NRCS staff prior to beginning construction of the project.
- The Franklin County Conservation District is not responsible for arrangements/quotes/contracts between individual landowners and contractors. Landowners are encouraged to get a quote from contractors prior to beginning any construction.
- It is the responsibility of the landowner to see that expiration dates are met and to communicate any complications related to progress of the project directly to the Conservation District's District Manager.
- Approved contracts are valid for 90 days. All contracts are canceled on May 15 no matter approval date per state policies.
- The County Average Cost (CAC) used in figuring approved payments is an AVERAGE, it may not be what your contractor charges.
- Cost share payments are subject to the State of Kansas Set off Program for payment of delinquencies to the State of Kansas.
- I understand this is only an application and gives no guarantee, written or implied, for funding.

Please complete the required supplemental information on reverse; applications will not be reviewed until all information is provided.

Signature:	Date:
Signature.	Date.

Applications made Jan 1- Feb 28 will be ranked and reviewed July 1.

Applications made March 1-June 30 will be ranked and reviewed August 1; if funds remain available from July allocation.

Applications made after July 1 will be ranked and reviewed monthly beginning September 1; if funds remain available from July 1 allocation. Unfunded applications will not automatically be rolled over into the next fiscal year, applicants must reapply.

All funds are provided through the Kansas Water Plan fund and are available based on legislative funding approval.

OFFICE USE:

DATE of APPLICATION: HUC 12 CODE: CULTURAL RESOURCE IDENTIFIED:

Field Visit Completed by NRCS: RANKED: Date field conditions are ready for construction:

## Franklin County Conservation District Cost Share Supplemental Information

Date of last soil test on this land:	If applicable, answer:
Do you have a current conservation plan for the land included on this application?	Fence type: 4/5 wire OR woven wire
spps	Tank type: Automatic, Concrete, Steel rimmed, Tire
If state funds are unavailable would you be interested in possible federal cost share funds through CRP and or EQIP (depending on project)?	Brush Control: mechanical treatment OR spot spray  Seeding: specify grass type to be planted
For the following practices;	Seeding. Specify grass type to be planted
Brush Control Management (314a) ** Planting (342, 512, 550)	Erosion control practices: what is your crop rotation?
Riparian Area Protection Fence (382) ** Interior Pasture Cross Fencing (382) ** Fence to exclude livestock from pond (382) **	Do you use 100% no-till, minimum till (what % residue coverage) or conventional tillage?
Pipeline (516) **  Pumping Plant for Water Supply (533) **  Spring Development (574) **	Septic System Repairs and Upgrades must have the County Sanitarian complete the Location Criteria and Eligibility form and return it before application will be reviewed.
Tank or Trough (614) **	Must also complete the following:
require the implementation of a grazing management plan	How long have you owned the property?  Is the home used as a rental property?
and must complete the following:	When was the current waste system installed?
Acres in pasture must provide map with pasture perimeter marked.	Is the water for the home supplied by city water, rural water, private well, or
Animal Units (AU) utilizing pasture: please indicate the # of each you will have utilizing the pasture next to the following:	well Plugging Applications must supply the following info: Inside
Cow/dry = 0.92AU Cow, with calf = 1.0 AU	Diameter (in inches)
Bull, mature = 1.35 AU Cattle. 1year old = 0.60AU	Outside Diameter (in inches)
Cattle 2 years old = 0.80AU Horse, Mature = 1.25 AU	
Sheep Mature = 0.20 AU Lamb, 1 year old 0.15AU	Depth TO Water (in feet)
Goat, Mature = 0.15 AU Kid, 1 year old = 0.10 AU	Total Depth (in feet)
Bison, Mature = 1.00 AU	Type of Well- Hand dug or Drilled
OTHER: SPECIFY	
What is your scheduled grazing period? (Date livestock go into pasture and date livestock are taken out of pasture)	Distance to applied Chemical?  Does runoff from Chemical run TOWARDS the well?  Distance to Confined Feedlot?
What type of grass do you have in the pasture?	Does runoff from feedlot run TOWARDS the well?
Cool Season (Brome, Fescue, Orchard Grass, etc)	Distance to Septic System or Lagoon?
Warm Season (Native Grasses) **	Does runoff from septic or lagoon run TOWARDS the well?
**Warm season grasses , under these practice codes, require a use exclusion cage be installed before project can be certified as complete.	landower may complete plugging but a WWC5P must be provided
Cover Crops to address Compaction or Depleted Organic Matter	Grid Sampling
Compaction requires the use of a 3 species mix and depleted organic matter requires the use of a 5 species mix. Mix and seed rate will be provided by NRCS.	> an approved contract with landowner <u>or</u> operator, must be in place prior to beginning the grid sampling.
Fertilizer application with cover crop seeding? Yes / No	> grids shall not exceed 3 acres.
Termination method to be used on covers?	> There is no need to take a profile sample for each grid; a composite can be taken per 40 acres; each field has to stand on its own.

no later then 30 days prior to seeding cash crop

Attach map with exact fields marked; 100 acres maximum payment.

Anticipated seeding date:

- > Report from the ag retailer completing grid samples showing number of grid and acres sampled along with maps of acres sampled must be provided prior to payment.

(Rev. November 2017) Department of the Treasury

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Interna	Revenue Service	► Go to www.irs.gov/FormW9 for inst	ructions and the late	st information.					
	1 Name (as show	n on your income tax return). Name is required on this line; do	not leave this line blank.						
	2 Business name	disregarded entity name, if different from above							
မ		3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the			4 Exemptions (codes apply only to				
Print or type. Specific Instructions on page	following seven	boxes.		certain entities, not individuals; see instructions on page 3):					
8	☐ Individual/so	ole proprietor or C Corporation S Corporation	Partnership	Trust/estate					
e.	single-memi	per LLC			Exempt payee code (if any)				
Print or type. c Instructions	Limited liabi	tity company. Enter the tax classification (C=C corporation, S=	S corporation, P=Partne	rship) ▶					
P	Note: Check	Exemption from FATCA reporting							
rint		LC is classified as a single-member LLC that is disregarded fro that is not disregarded from the owner for U.S. federal tax pu			code (if any)				
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ςS	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name				and address (optional)				
See									
0,	6 City, state, and	ZIP code							
	7 List account nu	mber(s) here (optional)							
Pai	tl Taxpa	ayer Identification Number (TIN)							
		ppropriate box. The TIN provided must match the nam			curity number				
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		4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.							
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If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

• Form 1099-INT (interest earned or paid)