

Franklin County Conservation District Cost Share Assistance Application SFY22

BEST MANAGEMENT PRACTICE YOU ARE APPLYING FOR FUNDING FOR:	CONTRACTOR YOU PLAN TO USE TO COMPLETE PROJECT:
LANDOWNER, as shown on deed:	Must attach a W9. <i>If owner is a TRUST, each member of trust must complete a W9</i>
MAILING ADDRESS:	TELEPHONE:
LEGAL DESCRIPTION:	FARM# and TRACT#
EMAIL: <i>(Help us reduce paper by sending documents electronically)</i>	Must attach a map with project area/details marked.
CROP STUBBLE and NEXT CROP	CURRENT GRASS TYPE / DESIRED GRASS TYPE Must attach Benchmark Assessment Worksheet

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 no please 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.
- 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.

Signature: _____

Date: _____

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

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:

HUG 12 CODE:

CULTURAL RESOURCE REVIEWED:

Field Visit Completed by NRCS:

DATE RANKED:

Ranking Worksheet Score:

Franklin County Conservation District Cost Share Supplemental Information

For the following practices:

- Brush Control Management (314a) **
- Planting (342, 512, 550)
- Riparian Area Protection Fence (382) **
- Interior Pasture Cross Fencing (382) **
- Fence to exclude livestock from pond (382) **
- Pipeline (516) **
- Pumping Plant for Water Supply (533) **
- Spring Development (574) **
- Tank or Trough (614) **

a grazing management plan is required, and you must complete the following:

Acres in pasture _____

Please indicate the # of each you will have utilizing the pasture next to the following:

- ___ Cow/dry= 0.92AU
- ___ Cow, with calf= 1.0 AU
- ___ Bull, mature = 1.35 AU
- ___ Cattle, 1 year old=0.60AU
- ___ Cattle 2 years old = 0.80AU
- ___ Horse, Mature = 1.25AU
- ___ Sheep Mature = 0.20AU
- ___ Lamb, 1 year old 0.15AU
- ___ Goat, Mature = 0.15AU
- ___ Kid, 1 year old=0.10 AU
- ___ Bison, Mature = 1.00 AU
- ___ OTHER: SPECIFY _____

What is your scheduled grazing period? (Date livestock go into pasture and date livestock are taken out of pasture)

- What type of grass do you have in the pasture?
- ___ Cool Season (Brome, Fescue, Orchard Grass, etc)
 - ___ Warm Season (Native Grasses)

...Warm season grasses, under these practice codes, require a use exclusion cage be installed before project can be certified as complete.

Date of last soil test on this land? _____. A copy may be requested

Do you have a CURRENT conservation plan for the land included on this application?

If state funds are unavailable would you be interested in possible federal cost share funds through CRP and/or EQIP (depending on project)?

Answer the following as applicable to your specific project:

Fence type: 4/5 wire OR woven

Tank type: Automatic Concrete Steel Rimmed Tire

Brush Control: mechanical treatment OR spot spray

Seeding: specify grass type to be planted

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.

Must also complete the following information:

How long have you owned the property? _____

Is the home used as a rental property? _____

When was the current waste system installed? _____

Is the water for the home supplied by city water, rural water, private well, or cistern? _____

Well Plugging Applications must supply the following information:

Inside Diameter (in inches) _____

Outside Diameter (in inches) _____

Depth TO Water (in feet) _____

Total Depth (in feet) _____

Type of Well- Hand dug or Drilled

Distance to applied chemical:

- < 100 ft
- >100 but < 200ft
- > 200 buy < 500 ft
- > 500 ft

Does runoff from chemical run towards the well?

Distance to confined feeding site:

- < 100 ft
- >100 but < 200ft
- > 200 buy < 500 ft
- > 500 ft

Does runoff from feeding site run towards the well?

Distance to septic system/lagoon:

- < 100 ft
- >100 but < 200ft
- > 200 buy < 500 ft
- > 500 ft

Is there surfacing runoff from septic system or lagoon? If so, does runoff from waste system run towards the well?

**Request for Taxpayer
Identification Number and Certification**

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown 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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► _____

C Corporation

S Corporation

Partnership

Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the US)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

			-			-					
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OR

Employer identification number

			-								
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Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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*, later.

Pasture and Rangeland Benchmark Inventory and Assessment

The purpose of this document is to record past and current management that has been applied to the specific land unit. This information will be utilized to assist in making recommendations for adjustments in management.

Producer Name: _____ **Phone:** _____

Tract Number/Legal Description: _____ **Field Number(s):** _____

Producer Objectives: Provide a brief description of the desired condition of the grazing unit:

Short-Term (1-5 years):

Long-Term (5-10 years):

Forage Inventory: Provide a map of property with correct field boundary, point of access, and acres.

1. This field is used for: Hay Grazing Other: _____

2. List the dominant forage in the field (for example: native, brome, fescue, mixed) _____

3. Is prescribed burning currently used as a management practice? YES NO

If YES, frequency of burning: _____ Last time burned (month/year): _____

Purpose of the burn: _____

If NO, would you consider using prescribed burning in your management? YES NO

4. Do areas of brush and/or tree canopy occur in the field? YES NO

List species of concern: _____

Past brush control treatment (if any): _____

5. Do areas of noxious weeds and/or weeds of concern exist in the field? YES NO

List species of concern: _____

Past weed control treatment (if any): _____

(For questions 4-5, please attach a map showing location in field, species of plant(s), and infestation level.)

6. Are there additional fields (included in the grazing system) other than the unit of concern? YES NO

(If yes, please attach a map showing the field boundaries, as well as soil and ecological site maps.)

7. If the field is hayed, when is it typically cut (month/day): _____ Not Applicable

Is the field hayed more than once per year? YES NO

Average leaf height remaining after cutting (in inches): _____

Is it grazed following the hay harvest? YES NO

8. Pasture Only: Is fertilizer applied to this field? YES NO Not Applicable

(Obtain soil test results, if available.)

If yes, describe the frequency of application (annually, every other year): _____

When is the application made? Spring Only Fall Only Spring and Fall

Actual amounts of nutrient(s) applied: (If unknown, obtain a fertilizer application ticket.)

Nitrogen (lbs/ac): _____ Phosphorus (lbs/ac): _____ Potassium (lbs/ac): _____

Animal Inventory:

Provide the types and number of livestock that are grazed on this land unit and the dates these animals are present on the land unit.

Animal Type	Number of Head	Average Weight In	Average Weight Out	Date Livestock Arrive in Field	Date Livestock Leave the Field	Notes

Describe cow/calf operation: Not Applicable

Average Calving Date (month/day): _____ Average Weaning Date (month/day): _____

Bulls are Present with Cows for _____ days starting on (month/day) _____

Grazing Management

Describe the grazing management (early intensive, rotation, set stocked, season of use):

Water Inventory: Include the location of watering points on the map.

1. The main livestock water supply for the field is: _____ (Ex.: pond, spring, well, rural water)

Is it dependable? YES NO

Power is generated by: _____ (Ex.: windmill, solar, electric)

2. Is livestock access controlled to surface water supplies? YES NO How? _____

(Ex.: fenced pond with tank below, access ramp into pond, etc.)

3. If access is not controlled (or water is not dependable), do you desire to improve the water supply and/or access? YES NO

What water development and/or protection practice(s) are desired for the land units?

Wildlife Considerations:

1. Is wildlife habitat a primary concern? YES NO

2. Is there interest in developing (or improving) habitat for the following wildlife species?

None Bobwhite Quail Lesser Prairie-Chicken Greater Prairie-Chicken Turkey

Other Grassland Birds: _____ Bats Monarch Butterfly

Other: _____

Management Adjustments: If necessary, which of the following management activities would you consider making to meet Natural Resources Conservation Service prescribed grazing requirements?

1. Reduce livestock numbers? YES NO

2. Graze livestock for a shorter amount of time? YES NO

3. Switch to grazing stockers or lighter cattle? YES NO

4. On pasture: apply fertilizer to increase productivity? YES NO

5. Find additional forage: (cover crop, crop residue, or additional pasture/range)? YES NO

Additional Notes and Concerns (erosion, winter feeding areas, etc.):

NRCS Representative or Technical Service Provider

Date

Producer

Date