



Dickinson County Conservation District State Cost-Share Program Application

Funding for state cost-share programs is provided by the Division of Conservation, Kansas Department of Agriculture through appropriation from the Kansas Water Plan Fund.

Application does not guarantee cost-share funding.

Landowner must complete application, receive approval notice, and return signed contracts to DCCD prior to start of project.

Projects already started or completed prior to contract signature are ineligible for cost-share funding.

All applications are ranked against others received during the cost-share signup period based on defined criteria.

All cost-share practices must be completed during the cost-share year. Failure to complete contracted projects in specified time frame will result in contract cancellation and may result in lower ranking in subsequent years.

All complete cost-share practices must meet design specifications and be inspected to be eligible for payment.

Cost-share is available only for replacement of failed onsite waste systems, as determined by Dickinson County Environmental Services.

New construction is ineligible for cost-share funding.

Total onsite waste system must be replaced to be eligible for cost-share assistance.

Partial systems are ineligible for cost-share funding.

Landowner Name (as appearing on deed):

If multiple landowners on deed, check and complete additional landowner information on page 2.

Mailing Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Email: _____

Check to confirm receipt and completion of **W9 Request for Taxpayer Identification Number and Certification** (each landowner or entity on deed must submit separate W9 form)

Operator Name: _____ Phone: _____

Check to confirm review of map(s) and estimated location of project

Location: _____ quarter of Section _____ Township _____ Range _____

or Physical Address _____

Farm _____ **Tract** _____ **HUC** _____ **County** _____

Project Type Check to confirm FSA 156 printed and ma

ESC PRM OSW Other(specify) _____

HEL Determination HEL NHEL UHEL

Planned Practice(s) _____ **Estimated Units** _____

Check if practice affects livestock Estimated # of animals _____

Check if practice falls within 2 Mile Public Water Supply Buffer

Check if practice is located near a domestic well

Estimate distance _____ Uphill Downhill

Estimated distance to intermittent or perennial stream _____

Check if practice affects county or township roads and list roads affected:



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Landowner Name (as appearing on deed):

Mailing Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Email: _____

Check to confirm receipt and completion of **W9 Request for Taxpayer Identification Number and Certification** (each landowner or entity on deed must submit separate W9 form)

Landowner Name (as appearing on deed):

Mailing Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Email: _____

Check to confirm receipt and completion of **W9 Request for Taxpayer Identification Number and Certification** (each landowner or entity on deed must submit separate W9 form)

Landowner's Signature

Date

By signing, signor is acknowledging that application does not guarantee cost-share financial assistance and that practices completed before approval and contracting process will not receive cost-share assistance.

Landowner's Signature

Date

By signing, signor is acknowledging that application does not guarantee cost-share financial assistance and that practices completed before approval and contracting process will not receive cost-share assistance.

Office Use Only

W9 Form (all) Well plugging worksheet Onsite waste eligibility worksheet WWC-5P record

NPS **WR** **Ranked** **Approved** **Contract Number** _____

Received by: _____ Date: _____

The Dickinson County Conservation District prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status.