



Douglas County Conservation District

Local/State Cost-Share Assistance Application Form- FY 20__

Landowner (as named on Deed)

Address

Address

Home Phone #

Work Phone #

Cell Phone #

Email

SS/FEIN #

Legal Description

Hydrologic Code

Please answer the following questions:

1. What is the resource concern?
2. What is the current land use?
3. Do you contour farm?
4. What is your tillage practice?
5. Have you filled out the Cropping Management Inventory Worksheet?
(On the back of this application)

NOTE:

- ❖ No work shall be started prior to approval. Work started prior to cost-share approval will result in ineligibility for cost share assistance.
- ❖ Cost Share Payment is based on County Average Cost as determined by the District.
- ❖ The Douglas County Conservation District Board considers all applications for funding.
- ❖ A point value system is used to determine the ranking of applications. This ranking is based on the most effective land treatment and/or protection of water quality.
- ❖ An On-Site Evaluation of each Application will be conducted by District/NRCS Staff to determine eligibility of the project.
- ❖ I understand that this is an **APPLICATION** only, and that no work may begin on this project prior to the issuance of a contract by the Conservation District.

Please mark an X next to the practice you are interested in.

<input type="checkbox"/>	Gradient Terraces
<input type="checkbox"/>	Grassed Waterways
<input type="checkbox"/>	Tile Outlet System
<input type="checkbox"/>	Diversion
<input type="checkbox"/>	Water and Sediment Control Basin
<input type="checkbox"/>	Pond
<input type="checkbox"/>	Livestock Waste System
<input type="checkbox"/>	Access Road
<input type="checkbox"/>	Grade Stabilization Structure
<input type="checkbox"/>	Stream Crossing
<input type="checkbox"/>	Contour Buffer Strips
<input type="checkbox"/>	Fencing (NOT perimeter)
<input type="checkbox"/>	Abandoned Water Well Plugging
<input type="checkbox"/>	Spring Development
<input type="checkbox"/>	Other:

Tract #

Field #

YES or NO

YES or NO

Signature: _____

Date: _____

Cropping Management Inventory Worksheet

(Please Complete One Form Per Cropping System)

Producer:		Tract No.	
Planner:		Field No./s	
Crop Rot:		Field No./s Terraced	
Location:		Field No./s w/Buffer or Filter	
		Field No./s Irrigated	

Crop and Operation Management Records/Residue Calculations

Operation # (1,2,3)	Operation Date (date)	Crop (name)	(List typical field operations from harvest to planting for each crop in the rotation) Operation (name) Start Rotation	Irrigation Applied (in/ac)	Crop Yield (units/ac)	Primary Farming Direction Field No./s (N-S) (E-W) (Contour)	Comments
1							
2							
3							
4							
5							
6							
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