TSSWCB-002 (07/2016) **Request No.** ☐☐☐☐

REQUEST FOR COST-SHARE INCENTIVE FUNDING
SOIL AND WATER CONSERVATION DISTRICT #

County: _____, Texas HUC ☐☐☐☐☐☐☐☐☐☐☐☐

Name: _____

Address: _____

City/State: _____ Zip Code: _____ Phone #: _____

Existing WQMP No. *(if applicable)*: ☐☐☐ — ☐☐ — ☐☐☐☐

WQMP Name *(if applicable)*: _____

Latitude: ☐☐ — ☐☐ — ☐☐ Longitude: ☐☐☐ — ☐☐ — ☐☐

Please answer the following questions about the operating unit for which cost-share incentive funding is being requested:

(1) Is the planned operating unit to be an animal feeding operation? (☐) Yes (☐) No

(2) Is livestock grazing planned for 25% or more of the total operating unit? (☐) Yes (☐) No

(3) Is 25% or more of the planned operating unit to be cultivated? (☐) Yes (☐) No

(4) Is 25% or more of the operating unit where nutrients are traditionally applied (hayland, pastureland, cropland) planned for nutrient management (fertilized)? (☐) Yes (☐) No
If so, will animal manure be used? (☐) Yes (☐) No

(5) Is 25% or more of the planned operating unit to be irrigated? (☐) Yes (☐) No

_____ _____
Applicant's Signature * Date

_____ _____ _____
Received by Signature ** Date Time

_____ _____
District Director *** Date

*The applicant's signature indicates the answers to the above questions are provided in a truthful manner and represent the applicant's intentions on the signature date. As responses will be used for ranking purposes, a change in ranking position upon discovery of other conditions will occur, which could result in the loss of funding.

**The person that receives the request form on behalf of the district must sign and provide the date and time that it was submitted to the district for consideration. This information will be used in the event of a tie in the ranking process. The request form must be signed by the applicant prior to it being submitted to the district.

***A director's signature indicates that the district approved the request for cost-share incentive funding. Copies of all approved requests should be submitted to the appropriate TSSWCB regional office within seven days of the end of each month to be included in the next possible ranking opportunity.