

Priority: \_\_\_\_\_ Program: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ Application Number: \_\_\_\_\_  
 WQMP Number: \_\_\_\_\_

**APPLICATION FOR COST SHARE ASSISTANCE**  
**SOIL & WATER CONSERVATION DISTRICT # \_\_\_\_\_**

Name: \_\_\_\_\_ Is the applicant the landowner? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Address: \_\_\_\_\_ (If no, the landowner must sign in the space  
 City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ provided below the applicant's signature)  
 Phone No.: \_\_\_\_\_

I request cost share assistance for the soil and water conservation practice/practices listed below that are contained in my Water Quality Management Plan certified by the Texas State Soil and Water Conservation Board. I understand that practices on which implementation is begun prior to certification of my plan and approval of this application by the District are not eligible for cost share.

Field No.	BMP No.	Soil and Water Conservation Practice Description	Est. Life	Quantity Requested		Unit Cost \$	Estimated Cost	Cost Share Rate	Estimated Cost Share Amount
				Amt.	Meas.				

Estimated Cost Share amount(s) can not exceed the maximum set by the SWCD: ( \_\_\_\_\_ )

Total Cost Share-All F Y from Continuation Page: \_\_\_\_\_

Cost Share F Y:	_____
Total Cost Share F Y:	_____

**Performance Agreement:** I agree to perform the above practices in accordance with standards established by the Texas State Soil and Water Conservation Board. SWCD approval will be obtained for design of all structural measures prior to start of construction.

**Maintenance agreement:** I agree, as a condition of the receipt of state cost-share funds, to implement and maintain all conservation practices included in my water quality management plan in accordance with the implementation schedule, all technical requirements of the applicable practice standards, and specified life expectancies of practices until such time that the certification of the State Board is withdrawn. I agree that any practices installed through the payment of cost-share incentive funding, to any extent, will be maintained by me in accordance with the applicable practice standards and specified life expectancies regardless of whether or not the water quality management plan continues to be certified or not. I understand that failure to maintain cost-shared practices may result in the requirement for all or a prorated portion of the cost-share incentive funding to be returned to the State Board, and that it is the expectation of the State Board that a water quality management plan be maintained indefinitely or until I request it be decertified.

I fully understand that this application will be cancelled automatically by the SWCD on 8/31/2014 if the above-mentioned soil and water conservation practice(s) has not been installed. The SWCD may grant extension(s) on a case by case basis.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Landowner Agreement:** I understand that I must assume the responsibility of the **maintenance agreement** on permanently installed practices if the applicant becomes incapable or unwilling to fulfill those obligations.

Landowner's Signature (required if the applicant is not the landowner) \_\_\_\_\_ Date \_\_\_\_\_

**SOIL AND WATER CONSERVATION DISTRICT ACTION**

The Soil and Water Conservation District Board of Directors has determined that the above signatory person is the eligible person or appropriately designated agent for the person eligible to request cost share funds for the indicated WQMP and thereby approves this application and agrees to the amount of cost share assistance shown above.

For The Soil And Water Conservation District \_\_\_\_\_ Date \_\_\_\_\_

