<b>REQUEST FOR COST-SHARE INCENTIVE RANKING</b> SOIL AND WATER CONSERVATION DISTRICT #								
County:, Texas	HUC							
Name:								
Address:								
City/State: Email:	Zip Code:		P	hone #	: 			
Existing WQMP No. <i>(if applicable)</i> :								
WQMP Name ( <i>if applicable</i> ):								
Latitude:	Longitude:	-	_		-			
<ul> <li>Please answer the following questions about the operatin (1) Is the planned operating unit to be an animal feedi (2) Is livestock grazing planned for 25% or more</li> <li>(3) Is 25% or more of the planned operating unit is (4) Is 25% or more of the operating unit where nu planned for nutrient management (fertilized)? If so, will animal manure be used? ( ) Yes (5) Is 25% or more of the planned operating unit is (5) Is 25% or more of the planned operating unit is (6) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% or more of the planned operating unit is (7) Is 25% operating unit</li></ul>	ing operation? ( )? of the total operat to be cultivated? ( utrients are traditio ? ( ) Yes ( ) No ( ) No	Yes ( ) N ing unit? ( ) Yes ( onally appl	o ( ) Yes ) No ied (hay	( ) ]	No			
Applicant's Signature *	D	ate						
Received by Signature **	D	ate		Tim	ie			

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 ranking. 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.