

Otter Creek Watershed



CWI Cost-Share Program - Application Form

Applicant Name		Applicant Address	
Phone #		Email	
Landowner Name		Landowner Address	
Farm #	Tract #	Field #	

Best Management Practice(s) needed to improve water quality (continue or describe on back as needed)

Field #	Practice wanting done	Quantity/Unit	Approx. Install Date

Is this parcel enrolled in any other farm bill programs? (please circle)

No EQIP CRP CSP ACEP

Total Project Cost (participant must supply 25% Cost Share):

Please attach detailed documentation of your total cost of the project. Adequate documentation should include a contractor's time + materials expense or other supporting documents.

I understand that I will be required to sign a contract with the Clay/Vigo County SWCD detailing this project and that project staff or partners will need to access my property to inspect the practice to confirm proper installation. Furthermore, I understand that submitting this application does not guarantee funding, that all projects require a 25% match (cash or in-kind), and that project funding will occur on a reimbursement basis which may take up to 8 weeks for me to receive payment.

Signature _____ Date: _____

OFFICE USE ONLY:

Amount paid:

Check #

Date:

Practice verified by: