



DeKalb County Soil and Water Conservation District  
Cost-Share Program



LANDOWNER/USER APPLICATION FOR COST-SHARE ASSISTANCE

**A. Landowner/User Request**

I, \_\_\_\_\_ a landowner/user in \_\_\_\_\_ County, Indiana, hereby make application to the DeKalb County Soil and Water Conservation District for cost-share assistance to install/apply the conservation practice(s) listed below. I understand that the practices approved will be installed/applied consistent with USDA Natural Resources Conservation Service standards and specifications and will be operated/maintained for their minimum lifetime. **Project completion required one year from the date in section C of Form 4.**

Applicant signature: \_\_\_\_\_

Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

City: \_\_\_\_\_

State: IN Zip Code: \_\_\_\_\_

**B. Conservation Practice(s) Needed**

Tract No.	Field No.	Conservation Practice(s)	Quantity or unit	Practice estimated total cost	Cost-share level (%)	Cost-shared amount	

**C. SWCD Recommendation for Approval**

The DeKalb County Soil and Water Conservation District (approved) (disapproved) this application for cost-share assistance in the amount of: \$ \_\_\_\_\_

Agreement number assigned: \_\_\_\_\_

\_\_\_\_\_ *SWCD chairman or designated supervisor*

\_\_\_\_\_ *Date*