



# District Cost-Share Program Landowner Application/Participation Agreement

Septic Replacement       Conservation Practice       Well Capping

Rain Barrel\*\*       Rain Garden\*\*       Ash Tree Replacement

\*Please check which cost share program you are applying for. One application must be filled out and submitted for each program

## A. Applicant Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Applicable if cost share amount is over \$600)

Property Address if different than above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: DeKalb Township: \_\_\_\_\_ Section Number (s): \_\_\_\_\_  
(If applicable)

Directions to property from two intersecting roads:

\_\_\_\_\_  
\_\_\_\_\_

\*\*For Rain Barrel or Rain Garden participants:

Location of barrel or garden: \_\_\_\_\_ Size of Rain Garden: \_\_\_\_\_

## B. Participation Terms and Conditions

The above named applicant hereby agrees to take part in the District Cost-Share Program offered by the DeKalb County Soil & Water Conservation District (SWCD). The applicant fully understands that his/her participation is subject to the following provisions of this agreement.

1. **THIS APPLICATION MUST BE APPROVED BY THE DEKALB SWCD BOARD OF SUPERVISORS PRIOR TO PARTICIPATON IN THE DISTRICT COST-SHARE PROGRAM.**
2. The applicant certifies that he/she has control of the property on which the practice is implemented.
3. The applicant agrees to properly maintain the practice(s) installed per guidelines and/or specifications.
4. The applicant agrees to follow the guidelines and application process established by the DeKalb County SWCD Board of Supervisors for the program they are applying for within the time frame indicated.
5. The DeKalb SWCD Board of Supervisors will have final approval of all applications for cost-share participation and benefits.

**District Cost Share Program  
Landowner Participation/Application Agreement (cont.)**

**C. Program Information** (to be filled out by SWCD)

Tract # (if applicable)	Conservation Practice/Program	Number	Cost-Share Rate	Cost-Share Funds
	Well Capping		75%	
<b>Estimated Cost-Shared Amount</b>				<input style="width: 100px; height: 20px;" type="text"/>

I have received the appropriate guidelines and agree to the Participation Terms and Conditions along with the Program Information for the District Cost Share Program I am applying for. **(Please return signed application to DeKalb County Soil & Water Conservation District 942 W 15<sup>th</sup> St, Auburn, IN 46706)**

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**D. Recommendation for Application Approval**

Technical Verification: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

DeKalb SWCD Board: \_\_\_\_\_ Date: \_\_\_\_\_  
*(SWCD Chairman or designated supervisor)*

**E. Approval for Payment of Cost-Share Funds**

Approved for cost-share payment in the amount of..... \$ \_\_\_\_\_

Technical Verification: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

DeKalb SWCD Board: \_\_\_\_\_ Date: \_\_\_\_\_  
*(SWCD Chairman or designated supervisor)*

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_