

Jackson County Conservation District
3258 Highway 421 South
McKee, KY 40447
Phone: 606-287-4284
jcconsdist@prtcnet.org
JacksonCountyConservation.org

Cost Share Application: Lime

Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Property Location: _____

Existing Problem: _____

Ag Water Quality Plan completed: Yes No

Expected Starting Date: _____

Brief description of farm operation, including number of livestock:

I hereby certify that this information is accurate to the best of my knowledge, and that supporting materials submitted are or will be accurate and specific to the above-identified property location. I understand that providing false information will result in denial of funding and/or may constitute fraud.

Signature: _____ Date: _____

**Jackson County Conservation District
Local Cost-Share Program Agreement**

- A. I request cost-share assistance to solve the problem(s) described on my application. I agree to install the requested conservation practice(s) and related components to meet the standards and specifications established.
- B. I certify that I have an Ag Water Quality Plan in place for the property that I am requesting cost-share assistance for.
- C. I agree not to start construction of the practice(s) until I have received approval from the Conservation District Board and, if applicable, have secured the appropriate designs and specifications from the USDA Natural Resources Conservation Service. I agree to refund all or part of the cost-share assistance paid to me as determined by the Conservation District Board, if, before the expiration of the specified practice life span I voluntarily relinquish control or land title on which the approved practice has been established and the new landowner/operator does not agree in writing to properly maintain the practice for the remainder of its life span.
- D. I certify that the property on which the cost-shared practice(s) will be installed is property for which I have legal ownership and that the practice(s) limits will not extend beyond my property lines.
- E. I understand that when I have completed all of the cost-shared practice(s) I am to notify the Conservation District that the practice(s) has/have been installed and submit all bills for expenses to the Conservation District for reimbursement. I further understand that reimbursement will be made following completion of all the requirements set forth by the Conservation District.
- F. I have been made aware that the cost-share rate for all approved practices is 50%. In other words, I will be reimbursed \$.50 for every \$1.00 spent toward practice installation, provided the expenditures were incurred for an item listed in the specifications and designs for a given practice. I further understand that I will receive no more than \$599 in cost-share reimbursement for any single practice or combination of practices during any calendar year.
- G. I certify that I have read and understand all elements set forth in this agreement and will adhere to them unless other arrangements are made in writing between the Jackson County Conservation District and myself.

*Life span of the practice(s) is 2 years unless otherwise specified.

Applicant's Signature

Date

FOR CONSERVATION DISTRICT USE ONLY

Approved

Denied

Chairman, Jackson Co. Conservation District

Date