

**LOCAL CLEAN WATER INDIANA CONSERVATION APPLICATION**



**Application Deadlines: April 1st, July 1st, October 1<sup>st</sup>, and December 31<sup>st</sup>**  
 (All applications will be reviewed for funding on a first come first serve basis within the quarterly deadlines listed above)

Name:		Application Date:	
Address:		12 Digit Watershed Number:	
eMail:		County:	Township:
Telephone:			

**This application is for**  
 NATIVE PLANTINGS     INVASIVE CONTROL

**Do you have farm records established with the USDA?**  
 YES    NO *If YES please list farm number and tract*

Farm:	Tract:
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Total Acres	Total Project Acres

**Are you applying to participate in a conservation program as an (please check one)**

INDIVIDUAL – please provide your Social Security No.    \_\_\_\_\_

ENTITY – please provide your Tax ID No.    \_\_\_\_\_

**PROJECT AREA of the land being applied for?**    URBAN (Home/yard)    FORESTED    PASTURE

**The land being applied for under this application is:**

Private land    Public land (Federal, State or Local Government):

**Is the land being applied for enrolled in any other conservation programs?**    YES    NO

<p><b>If YES please indicate which ones</b></p> <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL	<p><b>Do you have a completed</b></p> <input type="checkbox"/> Classified Forest Management Plan (DNR Division of Forestry) <input type="checkbox"/> Forest Bank Management Plan (The Nature Conservancy) <input type="checkbox"/> Other:
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MAX REIMBURSEMENT AMOUNT FOR INVASIVE SPECIES REMOVAL \$ \_\_\_\_\_

All funds will be reimbursed after work is completed, receipts turned in and the project has been checked out by partnership technical staff.

\_\_\_\_\_  
 Land Owners Signature

\_\_\_\_\_  
 SWCD District Manager Signature

# AGREEMENT

This contract agreement shall begin as of (date):

I fully understand that this agreement is good for one year from date of signed agreement. After date of expiration, no monies will be reimbursed or can be requested to be reimbursed.

I fully understand that all receipts for project reimbursement must be turned into the SWCD no later than November 30, 201\_.

I understand that the SWCD has the right to deny reimbursement if the project is not completed according to the specifications provided to me and /or if I fail to complete this project by \_\_\_\_\_, 201\_.

*\*Specifications can include but are not limited to technical recommendations from a SWCD appointed representative including our Federal Partner NRCS and/or other CWI Partner.*

I fully understand that all reimbursements from the SWCD will come after I have turned in receipts for work completed and/or a check of the project has been completed by a representative for the SWCD including but not limited to our Federal Partner NRCS and/or other CWI Partner.

I am fully aware that the reimbursable amount for this agreement is based on a 25/75 split up to a maximum of \$3000. Meaning that I am responsible for 25% of the total cost of this project and that I will be reimbursed for 75% of the total cost of the project up to a maximum of \$3000.

I further more understand that any labor completed by myself and/or a representative for me, that is not a professional company, cannot be billed for more than \$30 an hour for work done.

**Invasive Control** projects will be reimbursed at a rate of 75% of the total cost of submitted receipts or a cap of \$\_\_\_\_\_ for this project based on established per acre rates. Total project reimbursement cannot exceed \$3000.

**Natives Plantings** projects will be reimbursed at a rate of 75% of the total cost of submitted receipts up to a maximum of \$500 per project.

By signing below I agree to the terms and limits listed above and will fully comply with the requirements and restrictions of this program and thence forth am entering into an agreement with \_\_\_\_\_ County Soil & Water Conservation District. Please note however, all checks and tax information will be issued by Monroe County SWCD.

\_\_\_\_\_  
Land Owners Signature

\_\_\_\_\_  
SWCD District Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Acknowledgment of the Board of Supervisors:
