

# 2018-2020 Warrick County Soil & Water Conservation District Soil Health & Water Quality Restoration Initiative Residential Cost-Share Agreement

Thank you for your interest in participating in this Conservation Practice Cost-Share Program, made possible through a grant from the ALCOA Foundation. Please read through the terms and conditions before completing this agreement form. If you agree with the terms and conditions, please fill out the application in its entirety. Upon completion, return the form to the local SWCD office (see below for contact information) via e-mail, mail, or by dropping off the form in person. Questions about the form or application process should be directed to the local SWCD office listed below.

## Terms and Conditions:

1. The landowner/operator agrees to implement the practices described below.
2. The landowner/operator certifies that he/she has control of the property on which the practice will be implemented.
3. The landowner/operator releases the SWCD or sponsor from any and all liability.
4. The landowner/operator accepts **all** liability, financial or otherwise, in installing the practices above.
5. The landowner/operator will provide proof of completion through receipts, photos, etc.
6. The landowner/operator will allow a person from the SWCD or a partner to confirm completion of the project by entering the property, if requested.
7. Applications are subject to the approval of the SWCD staff and/or Board of Supervisors.
8. The landowner/operator will be responsible for practice maintenance for the duration and all project costs beyond the designated cost-share listed below:
  - Alternative Groundcovers (10 year lifespan) - \$400/Acre
  - Rain Garden (10 year lifespan) - \$375/Garden
  - Tree Planting (30 year lifespan) - \$0.50/Bare Root Seedling
  - Water Harvesting (10 year lifespan) - \$0.30/Gallon of Storage Capacity
9. If application is approved, payment will be made after completion of the practice has been confirmed by SWCD staff.
10. SWCD staff will provide technical assistance for the practice being implemented. SWCD staff are not obligated to provide labor towards completion of the practice.
11. The landowner/operator agrees to implement the practice(s) described below within 6 months of signing this agreement, unless otherwise approved by SWCD staff.

## Contact Information

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Project Type (check each applicable box)**

- Alternative Groundcover – Size of proposed plot \_\_\_\_\_
- Rain Garden
- Rainwater Harvesting
- Tree Planting

**Project Location and Description**

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**Project Timeline**

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**Total Estimated Project Cost:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

I, \_\_\_\_\_ a landowner/operator in \_\_\_\_\_ County, Indiana, hereby make application to the Soil and Water Conservation District for assistance to install/apply the conservation practice(s) listed above.

**Landowner/Operator's Signature**

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

**SWCD Approval**

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

(SWCD Chairperson or designated supervisor)

Mail or drop-off your completed application to:

Warrick SWCD  
1124 S. 8<sup>th</sup> St.  
Boonville, IN 47601  
Phone: 812-897-2840 ext. 3

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*SWCD Use Only*

Approval for payment in the amount of \$ \_\_\_\_\_

**Certification of Completion**

I certify that the practices described above were completed.

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

E: \_\_\_\_\_ N: \_\_\_\_\_ Reduction: \_\_\_\_\_