

# 2018-2020 Posey, Vanderburgh, and Warrick County Soil & Water Conservation Districts

## Clean Water Indiana Grant Cost-Share Agreement

Thank you for your interest in participating in the 2018-2020 Conservation Practice Cost-Share Program. This cost share program is made possible through a grant from the Clean Water Indiana Program. 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 following page 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 your local SWCD office.

### Terms and Conditions:

1. The landowner/operator agrees to implement the practices described below.
2. This application must be approved by SWCD staff prior to commencement of the practice.
3. The landowner/operator certifies that he/she has control of the property on which the practice will be implemented.
4. The landowner/operator releases the SWCD or sponsor from any and all liability.
5. The landowner/operator accepts **all** liability, financial or otherwise, in installing the practices above.
6. The landowner/operator will provide proof of completion through receipts, photos, etc.
7. 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.
8. Applications are subject to the approval of the SWCD staff and/or Board of Supervisors.
9. The landowner/operator will be responsible for all project costs beyond the designated cost of practice:
  - Conservation Buffer - \$150
  - Pollinator Plot (varies by plot size).
    - Plots less than or equal to 2,500 sq. ft. - \$50
    - Plots greater than 2,500 sq. ft. and up to 0.25 acres - \$200
    - Plots greater than 0.25 acres - \$350
  - Rain Garden - \$250
  - Rainwater Harvesting - \$60/system
  - Soil Testing - \$15/sample
  - Tree Planting (minimum 10 trees) - \$75
  - Xeriscaping - \$200
  - Cover Crop Seed (less than 1 acre only): reimbursed according to square footage
  - Other Practices Not Listed: Must be approved by SWCD Staff
10. For practices that include plants, the plant species or plant supplier must be approved by SWCD staff prior to commencement of the practice.
11. If application is approved, payment will be made after completion of the practice has been confirmed by SWCD staff.
12. SWCD staff will provide technical assistance for the practice being implemented. SWCD staff are not obligated to provide labor towards completion of the practice.
13. 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 (you may select more than one, if applicable):**

- Conservation Buffer
- Pollinator Plot – Size of proposed plot \_\_\_\_\_
- Rain Garden
- Rainwater Harvesting
- Soil Testing
- Tree Planting
- Xeriscaping
- Cover Crop Seed – Size of proposed plot \_\_\_\_\_
- Other: \_\_\_\_\_

**Project Location and Description**

***NOTE: For practices that include plants, list the species that will be planted and the vendor from which the seeds or plants will be purchased. A sheet can be attached, if necessary.***

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

**Project Timeline**

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

**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, e-mail, or drop-off your completed application to:

Jeri Ziliak  
Posey SWCD  
1805 Main Street  
Mt. Vernon, IN 47620  
Email: jeri.ziliak@in.nacdnet.net  
Phone: 812-838-4191 ext. 3

Erin Shoup  
Vanderburgh SWCD  
921 North Park Drive  
Evansville, IN 47710  
Email: erin.shoup@in.nacdnet.net  
Phone: 812-423-4426 ext. 3

Andrew Smith  
Warrick SWCD  
1124 S. 8<sup>th</sup> Street  
Boonville, IN 47601  
Email:  
andrew.p.smith@in.nacdnet.net  
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: \_\_\_\_\_