

Instructions for completing State Cost Share Application

Please complete the attachments. Use your **LEGAL** name on all forms and signatures.

Application for FARMS Program—Complete ALL Blanks.

- 1) Print your **LEGAL** name and address, including phone number and email.
- 2) List Social Security *or* Federal EIN number and check type of person/business applying for assistance.
- 4) List Tract # and Farm #.
- 5) List number of individuals/businesses receiving payment. If more than one individual or business entity is receiving payment; the other participants also need to complete an application.
- 6) **On the back side**, review Rights of Ingress and Egress, Terms and Conditions and Practice Management and Performance. Print your **LEGAL** name. Sign your **LEGAL** name and date of application.

Please include a map with the planned practice area highlighted.

W9 – If applying as an **Individual** with a social security number, **complete lines 1*, 3, 5, 6**. Add your social security # in Part I and **sign and date Part II**. * Use your **LEGAL** name in box 1 and for your signature. **Be sure to check the appropriate box for federal tax classification-line 3.**

If applying as an **Entity** with a federal EIN # complete line 1*, 2, 3, 5, 6. Add your federal EIN # in Part 1 and sign and date Part II. *Use your **LEGAL** name in box 1 and sign entities name by yourself (using your legal name.) Example signature. “*Smith Farms, by Joseph Smith*”

Entities will also be required to complete a **LEGAL ENTITY FORM** designating who is a member of the entity and who has signature authority.

Entity form – Complete Part A. Legal name of the entity, tax number of the entity, entity type, members names, percent share, does this member have signature authority? Complete Part B. Representatives signature, title/relationship of individual signing, date.

Funding is available on a first come, first serve basis with preference to first time users.

Please mail completed paperwork to the office at

**Dubuque SWCD
210 Bierman Rd
Epworth, IA 52045.**

We also have a drop box to the left of our front doors should you wish to utilize this. Once this completed paperwork is returned to our office, we will work to approve your application. **You will receive a separate letter when funding is approved. Do not begin to incur expenses until you have received funding approval.** I encourage you to return the necessary paperwork as soon as possible.

Thank you,

Helen Backes – Conservation Assistant – Dubuque SWCD 563-876-3418 ext. 3
helen.backes@ia.nacdnet.net



Dubuque Soil & Water Conservation District

210 Bierman
Epworth IA 52045-9529
Phone: (563) 876-3418, #3
www.dubuqueswcd.org

Dubuque SWCD Cost Share Application instructions:

Application to be completed by the payment recipient

Complete Section A. Fill in all the blanks

Review page 2. Sign application using **LEGAL** name

Original completed application must be returned to the Dubuque SWCD office

Section A

Print LEGAL NAME: (payment recipient) _____

**** If applying for cost share under a business or trust, complete a Legal Entity form ****

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME _____ CELL _____

EMAIL: _____

SSN/FEDERAL ID: (of payment recipient) _____

**** Complete attached federal W9 ****

TYPE: (Person applying for assistance, **check one**) Owner _____ Contract Buyer _____

Operator _____ Contract Seller _____

Tract # _____ Farm # _____ Agent _____ Power of Attorney _____

Tract # _____ Farm # _____

**** Aerial maps of planned practice area(s) should be included with returned application ****

NUMBER OF INDIVIDUALS OR BUSINESSES RECEIVING PAYMENT: _____

**** If more than one individual or business entity is receiving payment for this practice, other participants also need to complete an application ****

Section B (To be completed by Technician/Conservationist)

PROGRAM: _____

PRACTICE: (windbreak, waterway, terrace, cover crop, etc.): _____

ESTIMATED SIZE OF PRACTICE (acres, feet, no.): _____

LEGAL DESCRIPTION:

Tier _____ Range _____ Township _____ Section _____

Qtr. _____ of Qtr. _____

Tier _____ Range _____ Township _____ Section _____

Qtr. _____ of Qtr. _____

Tier _____ Range _____ Township _____ Section _____

Qtr. _____ of Qtr. _____

You have chosen to request financial assistance with the Dubuque Soil and Water Conservation District and IDALS Division of Soil Conservation. To best process your request, review the following before proceeding:

- 1) All financial assistance programs have eligibility requirements. If you are eligible for financial assistance, any practice tied to your account will be bound by a maintenance agreement that can be in effect for *as long as 20 years*.
- 2) By applying for financial assistance, you will be granting District representatives the right of ingress and egress to you and so they may process your request.

Right of Ingress and Egress: SWCD Commissioners and their agents are granted the Right of Ingress/Egress. The agreement specifies that the District will provide technical assistance in planning, applying and maintaining soil conservation practices on a tract of land. The landowner, through this agreement, grants authorization to District personnel for ingress and egress upon the land. The agreement contains information necessary for the District to prioritize technical assistance activities.

Conservation Cover: If a tract of agricultural land has not been plowed or used for growing row crops at any time in the past 15 years, it is classified as agricultural land under conservation cover. If that tract is plowed or used for growing row crops, the state financial incentive rates will be limited to half (1/2) of the otherwise applicable rate. This restriction shall apply even if an administrative or court order has been issued requiring establishment of conservation practice. An applicant who knowingly makes a false statement of the material facts in signing an application commits a simple misdemeanor and, in addition to the penalty prescribed therefore by law, shall repay the Division of Soil Conservation any financial incentive funds obtained in reliance on false statements.

Terms and Conditions

Payment Certification: Under penalties of perjury, I certify that: 1) The number provided is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding.

Practice Maintenance and Performance

A maintenance/performance agreement is required as a condition for the receipt of financial incentive funds for temporary and permanent soil and water conservation practices. The agreement includes, but is not limited to, the following:

- 1) The recipient or successor(s) will continue to maintain the practice for the prescribed period commencing with the certification of practice.
- 2) Approval of the SWCD Commissioners is required prior to removal, alteration or modification of the practice.
- 3) The recipient will notify any prospective land purchaser of this agreement.
- 4) The recipient shall be allowed to work out a sub- agreement to transfer the Performance Agreement to a new landowner or farm operator who agrees to continue the practice during the remainder of the prescribed period.
- 5) Failure to comply will require the recipient or successor to repair, reconstruct the practice, or repay the entire amount of funds provided for this practice.

Practice Maintenance/Performance Agreement: I acknowledge and agree that:

- 1) I have been made aware that a Maintenance/Performance Agreement is required for eligible soil and water conservation practices.
- 2) I agree to comply with the Maintenance/Performance Agreement specified for the practice(s) for which I am applying.
- 3) I am aware that the Maintenance Agreements go with the property and will be required to be filed at the County Recorder's Office. *The recording fee of \$7.00 will be paid by the applicant.*
- 4) I am aware that the entire cost share will have to be repaid if the Maintenance Agreements are terminated.

I have reviewed the Terms and Conditions and the Practice Maintenance and Performance and understand my roles and responsibilities.

(PRINT LEGAL NAME)

(SIGN LEGAL NAME)

DATE

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For Office use only:

Entered in FARMS by _____ on _____ Application # _____
(Initials) (Date)

_____ Map attached _____ W9 attached _____ Entity Form(if applicable)