

USDA SERVICE CENTER

1701 SOUTH B STREET, SUITE 100 ALBIA, IOWA 52531

PHONE: 641-932-5144 EXT. 3 FAX: 1-855-223-7138

Landowner/Producer Application for IFIP Cost-Share Assistance

Todays Date

| Landowner/Producer Request | quest (Applicants must own 10 acres & produce \$2,500 of Ag Commodity to qualify) | | | | | | |
|--------------------------------------|---|---------------------------|------------------------------------|--|--|--|--|
| <mark>l,</mark> | (Print Name) am a landowner/producer in Monroe County, Iowa, here- | | | | | | |
| by submit this application to the Mo | nroe County SWCD for cost-share assist | tance to install/apply tl | he conservation practice(s) listed | | | | |
| below (Cost-Share amounts will be | established by the SWCD Board). I und | lerstand that the practi | ices approved will be installed/ | | | | |
| applied consistent with USDA Natura | al Resource Conservation Service stand | ards and specification, | will be operated/maintained for | | | | |
| a minimum ofyears and | will be installed on land the participant | owns or controls. Pro | ject completion required. The | | | | |
| landowner/operator will allow the | SWCD or partnering agency to confirm | n completion of the pro | oject on the property involved. | | | | |
| Project(s) c | completion is required one (1) year for | m the date of Board ap | oproval | | | | |
| Address | City | <mark>State</mark> | <mark>Zip</mark> | | | | |
| Home Phone () | Cell Phone () | Ema | Email | | | | |
| Business Corpora | tionPartnership | Trust | <mark>Estate</mark> | | | | |
| SS# or Tax ID# | | *** Must | have in order to make payment | | | | |
| Township | Section | | Quarter Sec | | | | |
| Watershed Area | | | | | | | |

Signature

| Farm | Tract | FLD # | Conservation Practice/ Description or Comments | Acres | Payment Per AC | Total Payment Allocated |
|------|-------|-------|--|-------|-------------------|----------------------------|
| | | | | | | |
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SWCD Use Only

Approval for payment in the amount of:

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