



USDA SERVICE CENTER

1701 SOUTH B STREET, SUITE 100 ALBIA, IOWA 52531

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

www.monroe-swcd.org

Landowner/Producer Application for IFIP Cost-Share Assistance

Today's Date _____

Landowner/Producer Request

(Applicants must own 10 acres & produce \$2,500 of Ag Commodity to qualify)

I, _____ (Print Name) am a landowner/producer in Monroe County, Iowa, hereby submit this application to the Monroe County SWCD for cost-share assistance to install/apply the conservation practice(s) listed below (Cost-Share amounts will be established by the SWCD Board). I understand that the practices approved will be installed/applied consistent with USDA Natural Resource Conservation Service standards and specification, will be operated/maintained for a minimum of _____ years and will be installed on land the participant owns or controls. Project completion required. The landowner/operator will allow the SWCD or partnering agency to confirm completion of the project on the property involved.

Project(s) completion is required one (1) year form the date of Board approval

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone (____) _____ **Cell Phone** (____) _____ **Email** _____

Business _____ **Corporation** _____ **Partnership** _____ **Trust** _____ **Estate** _____

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 |
|------|-------|-------|--|-------|----------------|-------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SWCD Use Only

Approval for payment in the amount of: \$ _____

SWCD Chairman or Designated Supervisor

Date