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| <input type="checkbox"/> Rain Barrel* | <input type="checkbox"/> Invasive Tree Removal/Replacement | <input type="checkbox"/> Home Garden Soil Testing |
| <input type="checkbox"/> Rain Garden* | <input type="checkbox"/> Well Capping | <input type="checkbox"/> Other Conservation Practice |

Please check which cost share program you are applying for. One application must be filled out and submitted for each program

A. Applicant Information

Name: _____

Mailing Address: _____ Phone _____

City: _____ State: _____ Zip: _____ County: DeKalb

Tax ID or Social Security # _____ Email: _____
(Applicable if cost share amount is ≥ \$600)

Property Information Where District Cost Share Program is Located (if different than above):

Street: _____

City: _____ State: _____ Zip: _____ County: DeKalb

Directions to property from two intersecting roads:

*For Rain Barrel or Rain Garden participants:

Location of barrel or garden: _____ Size of Rain Garden: _____

B. Participation Terms and Conditions

The above named applicant hereby agrees to take part in the District Cost Share Program offered by the DeKalb County Soil & Water Conservation District (SWCD). The applicant fully understands that his/her participation is subject to the following provisions of this agreement.

1. THIS APPLICATION MUST BE APPROVED BY THE DEKALB SWCD BOARD OF SUPERVISORS PRIOR TO PARTICIPATION IN THE DEKALB COUNTY COST SHARE PROGRAM.

(You may submit an application for a practice that is slated to be installed before the next subsequent board meeting, but there is no guarantee that the application will be approved.)

- The applicant certifies that he/she has control of the property on which the practice is implemented.
- The applicant agrees to properly maintain the practice(s) installed per guidelines and/or specifications.
- The applicant agrees to follow the guidelines and application process established by the DeKalb County SWCD Board of Supervisors for the program they are applying for within the time frame indicated.
- The DeKalb SWCD Board of Supervisors will have final approval of all applications for cost share participation and benefits. The DCSP is a competitive program; therefore, some projects may not be funded.

C. Program Information (to be filled out by SWCD)

Tract # (if applicable)	Conservation Practice/Program	Number	Cost-Share Rate	Cost-Share Funds
Estimated Cost-Shared Amount				

I have received the appropriate guidelines and agree to the Participation Terms and Conditions along with the Program Information for the DeKalb County Cost Share Program I am applying for.

Applicant Signature: _____ **Date** _____

D. Recommendation for Application Approval

Technical Verification: _____ Title: _____ Date: _____

DeKalb SWCD Board: _____ Date: _____
(SWCD Chairman or designated supervisor)

E. Approval for Payment of Cost Share Funds

Approved for cost share payment in the amount of..... \$ _____

Technical Verification: _____ Title: _____ Date: _____

DeKalb SWCD Board: _____ Date: _____
(SWCD Chairman or designated supervisor)

NOTES: _____

