



**COST SHARING ASSISTANCE APPLICATION AND AGREEMENT**

Kittitas County Conservation District

WSCC's Implementation Program

**Landowner referral by regulatory agency**      **TYPE** \_\_\_\_\_

**Please include a copy of the referral from the regulatory agency**

| Type of Facility & Number of Animals    |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Dairy # _____  | <input type="checkbox"/> Heifer # _____         | <input type="checkbox"/> Pigs # _____           | <input type="checkbox"/> Chicken # _____ |
| <input type="checkbox"/> Horses # _____ | <input type="checkbox"/> Beef – Pasture # _____ | <input type="checkbox"/> Beef – Feedlot # _____ |  |
| <input type="checkbox"/> Other # _____  |   |   |  |

**Section 1. Cooperator**

Cooperator Name \_\_\_\_\_ Farm Name \_\_\_\_\_

Cooperator Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Farm Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**Section 2. Background**

- A. Is this landowner a current district employee, or an associate supervisor? *(See WSCC Cost Share Participation May 09)*       Yes    No
- B. Has your local conservation district prepared a conservation plan for your operation?       Yes    No
- C. If so, does your plan represent your present operation?       Yes    No
- D. Has your plan been approved by the district?       Yes    No
- E. Will the BMP's described in Sections 3 & 4 allow you to completely implement your conservation plan?       Yes    No
- F. If cost-sharing assistance is approved for your operation, will you contribute labor, equipment, or materials during installation of the practice(s).       Yes    No

**Section 3. Environmental quality problems; proposed Best Management Practices (BMP); and environmental benefits expected *(attach additional sheets if needed)***

|   |
|---|
| <b>A. DESCRIPTION AND LOCATION OF ENVIRONMENTAL QUALITY PROBLEM(S).</b> <i>Please include a legal description of the property where environmental quality problem(s) are located and where needed BMP(s) will be installed. Please include photo of site(s) if available.</i>   |
| <p>Tract # _____ Field # _____ Irrigation System: <input type="checkbox"/> Flood <input type="checkbox"/> Rill (gated pipe, siphon tubes, etc.) <input type="checkbox"/> Sprinkler</p> <p style="padding-left: 20px;">For multiple tracts and fields, attach a map</p> <p>Total Acres: _____ Crop: <input type="checkbox"/> Sweet Corn <input type="checkbox"/> Potatoes <input type="checkbox"/> Small Grains <input type="checkbox"/> New Seeding <input type="checkbox"/> Established Hay</p> <p>Location Description:</p><br><br> |

**B. BEST MANAGEMENT PRACTICES (BMP) OR CONSERVATION PRACTICES NEEDED TO CORRECT THE IDENTIFIED ENVIRONMENTAL QUALITY PROBLEM(S) AND FOR WHICH COST-SHARING ASSISTANCE IS REQUESTED. PRACTICES SHOULD BE IN ORDER OF LOGICAL IMPLEMENTATION.**

Anionic Polyacrylamide (PAM) Erosion Control (NRCS Code 450)  
 This is erosion control through the application of water soluble anionic polyacrylamide (PAM). This practice is applied to minimize or control irrigation-induced soil erosion.

**C. DESCRIPTION OF ENVIRONMENTAL QUALITY BENEFITS THAT ARE EXPECTED TO BE PRODUCED BY THE PRACTICES INSTALLED.**

Water soluble anionic high-purity PAM is a safe environmentally friendly soil conditioner, that when delivered via irrigation, reduces erosion, prevents sediments and chemical and biological pollutants from entering runoff and greatly expands management options for all forms of irrigated agriculture because of its soil stabilizing effects and direct effects on water properties influencing field water management.

**D. DESCRIPTION OF THE ANNUAL PROOF OF PERFORMANCE DOCUMENTATION METHOD AGREED TO BY THE CONSERVATION DISTRICT AND THE COOPERATOR.**

Cooperator Report of PAM Application reports the dates PAM was used, the amount of water applied per day and the total pounds of PAM used per irrigation.

**Section 4. Planned BMP and Calculation of Cost-Share Assistance**

| <i>Description of Planned BMP or Conservation Practice (BMPs must meet established NRCS standards and specifications, or an alternative practice design approved by a professional engineer. The cost differential for practices installed to higher specifications shall be the responsibility of the cooperator)</i> | <b>NRCS Practice Code and measurement (i.e. # of feet etc.)</b> | <b>Practice Design Life</b> | <b>Column 4<br/>Total BMP Cost<br/>(sum of Columns 5+6+7)</b> | <b>Column 5<br/>Cooperator's Contribution<br/>(from worksheet item 4)</b> | <b>Column 6<br/>Cost-Sharing From Other Sources<br/>(from worksheet item 4)</b> | <b>Column 7<br/>Eligible WSCC Cost-Share Requested<br/>(from worksheet item 4)</b>                                |
|--|---|-----------------------------|---|---|---|---|
| Anionic Polyacrylamide (PAM) Erosion Control<br><br>Cost Share requested for ___PAM in granular, tablet or block form<br>___Applicator Device  | 450   | 1                           |   |   |   | 50% Reimbursement not to exceed \$1,000 for PAM or \$150 for an applicator during calendar year irrigation season |
| <b>Total Eligible Cost-Share</b>   |   |                             |   |   |   |   |
| <b>Cost-Share Assistance Provided by Grant No. <u>11-28-IM</u></b><br><i>(be sure to use the complete grant number)</i>  |   |                             |   |   |   |   |

**Section 5. Application and Agreement**

I request cost-share assistance under the Conservation Commission's Cost-Sharing program to install the best management/conservation practices described on the attached worksheets and summarized in Section 4. above. These practices are needed to solve the environmental quality problems described in Section 3, and would not be performed to the extent requested and needed by me without state cost-sharing.

I understand the obligation of the conservation district to reimburse me for cost share assistance is contingent on the availability of funds through legislative appropriation and state allotment to the Washington Conservation Commission, and that when this contract crosses over state fiscal years, the obligations of the Conservation Commission and conservation

district are contingent upon the appropriation of funds during the next fiscal year. I further understand the failure to appropriate or allot such funds shall be good cause to terminate this contract.

If sufficient cost-sharing funds are made available to the conservation district by the Conservation Commission, and if this application is approved for the practice(s) requested;

- I understand, I will be notified by the conservation district of the approval and funding status of this cost share assistance request within 30 days of my application, or by \_\_\_\_\_ (date) as agreed to by myself and the conservation district.
- I understand I will receive cost share reimbursement only for expenses incurred after the date the cost share funds are made available by contract amendment to the conservation district by the Conservation Commission.
- I agree to ensure that all applicable local, state, and federal permits are obtained for installation of the practice(s) requested, and understand that practice implementation and subsequent cost share reimbursement will not occur until evidence of obtained permits is made to the conservation district.
- I agree to install the practice(s) identified in Sections 3B and 4 to NRCS standards and specifications.
- I agree to maintain and operate the practice(s) for its design life as determined by the conservation district and as shown in Section 4.
- I agree, for the design life of each practice, to provide the conservation district on September 1 of each year, annual proof of performance documentation as agreed to by the conservation district and myself and specified in Section 3D of the practices specified herein.
- I agree to permit for the duration of its design life, on reasonable notice and request from the conservation district, the inspection of the location, maintenance, and monitoring of the long-term condition of the practice(s).
- I understand, in order to receive cost share reimbursement, installation of the described practice(s), or identifiable unit thereof, must have occurred, the installation must have met established NRCS specifications or an alternative practice design approved by a professional engineer, and the practice installation and functionality must have been verified and approved in writing by the conservation district.
- I understand, I will receive cost share reimbursement checks made out to me only after I provide the conservation district with "paid" invoices that demonstrate vendors/contractors have been paid in full.
- I further understand, if I have not already paid an invoice, the conservation district will only reimburse cost share by issuing a check in the amount of the billing invoice with me and the vendor/contractor as joint payees.
- I agree to request of any person(s) to whom the benefited acres are transferred by sale, lease or other means to sign a statement to maintain and continue the cost shared practice for its remaining design life as a condition of ownership or control. I will notify the conservation district in writing of any change in ownership or control of the subject property within thirty days of such a change. Written notification to the conservation district will include: 1) The name of the new landowner, 2) Whether or not the landowner agrees to continue the cost shared practice, and, 3) If they agree to continue the cost share practice, a copy of the new landowner-signed statement to maintain and continue the cost shared practice for its remaining design life.
- I agree to refund all or part of the cost-sharing assistance paid to me as prorated by my local conservation district, in addition to any other remedies available at law or in equity, if, before the expiration of each or any practice design life, the contract is terminated because of any of the following: 1) I fail to expend funds under this contract in accordance with state laws and/or the provisions of this contract, 2) I destroy the approved practice, sell or lease practice equipment, or 3) I relinquish management or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its design life.
- I understand that the conservation district's right to a refund exists for a period not to exceed six years following contract termination, and that my refund is due within 30 days of demand. I also understand that In the event the conservation district is required to institute legal proceedings to recover the cost share assistances, the conservation district is entitled to its costs thereof, including attorneys' fees.

|                         |                |  |      |
|-------------------------|----------------|--|------|
| Signature of Cooperator | Date           | Signature of Landowner <i>(if Cooperator is Lessee)</i> <sup>1</sup> | Date |
| <b>2</b>                |                | <b>3</b>   |      |
| Application Prepared By | District Staff | Application Approved by Authorized District Signer                   | Date |

<sup>1</sup> For state DNR lands, the lessee must obtain signature of the Regional Lease Officer or designee.

**Section 6. Agreement Completion Certification** *(must be signed prior to payment)*

I hereby certify that implementation of the above described BMP or conservation practices have been completed as of the date shown below, and that they meet the established NRCS specifications, or are alternative practice designs approved by a professional engineer. If cost-share payment is needed prior to completion of one or more practices, the district must verify that the practices have been completed or installed within the timeframe agreed to by the cooperator. This agreement is made in consideration of the mutual covenants set forth herein.

|                        |                             |   |                             |
|------------------------|-----------------------------|---|-----------------------------|
| <b>4</b>               |                             | <b>6</b>                                      |                             |
| Implementation Checked | District Staff <sup>2</sup> | Final Implementation Check <i>(if needed)</i> | District Staff <sup>2</sup> |
| <b>5</b>               | Date                        | Approved By Authorized District Signer        | Date                        |
| Cooperator             | Date                        |   |                             |

<sup>2</sup> Includes NRCS technical personnel, Washington State licensed professional engineers, and district staff with NRCS job approval authority.

# July 2011 Contract Signature Page

APPROVED AS TO FORM BY AAG