

Thomas County Conservation District
FY2020 Cost-Share Program
Application for Financial Assistance

Program **Water Resources** **Non-Point Source Pollution**

Landowner Name _____

Address _____

City _____ State _____ ZIP _____

Telephone No. _____

Social Security/FEIN No. _____

Multiple Landowners? Yes No

Practice applying for _____

Legal Description _____ Acres included in contract _____

Stocking Rate (required for all livestock practices) _____

Crop Rotation Worksheet Completed? Yes No

Practice Components _____

Est. Units	Average Cost	Estimated Cost	Amount Requested
_____	_____	_____	_____

Practice Components _____

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_____	_____	_____	_____

Practice Components _____

Est. Units	Average Cost	Estimated Cost	Amount Requested
_____	_____	_____	_____

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I understand that I am not authorized to start any component of this practice until I have received written notice of approval from the Thomas County Conservation District.

Practice applying for _____

Landowner Signature _____

Date _____

Witness Signature _____

Date _____