

**Thomas County Conservation District**  
**FY2024 Cost-Share Program**  
*Application for Financial Assistance*

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

Landowner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email address \_\_\_\_\_

Social Security/FEIN: \_\_\_\_\_ Multiple Landowners? Yes No

Legal Description \_\_\_\_\_ Acres included in contract \_\_\_\_\_

Practice applying for \_\_\_\_\_

Stocking Rate (required for all livestock practices) \_\_\_\_\_

Crop Rotation Worksheet Completed? Yes No

Practice Components \_\_\_\_\_

Estimated Units	Unit Cost	Amount Requested
_____	_____	_____

Estimated Units	Unit Cost	Amount Requested
_____	_____	_____

Estimated Units	Unit Cost	Amount Requested
_____	_____	_____

*I understand that I am not authorized to start any component of this practice until I have a signed contract with the Thomas County Conservation District.*

Landowner Signature \_\_\_\_\_

Date \_\_\_\_\_