

# Miami County Conservation District Cost Share Assistance Application

BEST MANAGEMENT PRACTICE YOU ARE APPLYING FOR	CONTRACTOR YOU PLAN TO USE TO COMPLETE PROJECT:
LANDOWNER, <b>as shown on FSA record / MUST MATCH DEED</b>	<b>must attach a W9 and 156 ez from FSA</b> <i>If owner is a TRUST, each member must provide a W9</i> <i>* grid sampling and cover crops may be operator of record with FSA</i>
MAILING ADDRESS for payment from state, it is NOT direct deposit	TELEPHONE:
LEGAL DESCRIPTION:	FARM # and TRACT #
EMAIL: <i>(Help us reduce paper by sending documents electronically)</i>	Must attach a map with project area/details marked.
CURRENT CROP and planned NEXT CROP	CURRENT GRASS TYPE / DESIRED GRASS TYPE *  * Must attach Benchmark Assessment Worksheet for pasture projects
<p>Have you made application for this same project within the last 2 years?  <b>If yes</b>, was that application approved and a contract set up?  <b>If yes</b>, was that contract completed and payment issued?                      If a contract was approved but not completed explain why not:</p>	
<p>BEFORE SIGNING THIS APPLICATION PLEASE READ THE FOLLOWING, your signature below will indicate you have read and understand the following:</p> <ul style="list-style-type: none"> <li>• No work shall begin prior to receiving approval, in the form of a contract. If any work is started before receiving approval the project will become ineligible for cost-share.</li> <li>• All work must be completed to meet NRCS standards and specifications to be eligible for payment. NRCS Standards and Specifications are available at the NRCS office and should be discussed with NRCS staff prior to beginning construction of the project.</li> <li>• The Miami County Conservation District is not responsible for arrangements/quotes/contracts between individual landowners and contractors. Landowners are encouraged to get a quote from contractors prior to beginning any construction.</li> <li>• It is the responsibility of the landowner to see that expiration dates are met and to communicate any complications related to progress of the project directly to the Conservation District's District Manager.</li> <li>• <b>Approved contracts are valid for 90 days. All contracts are canceled on May 15 no matter approval date per state policies.</b></li> <li>• The estimated cost shown on our forms is an AVERAGE, it may not be what your contractor charges.</li> <li>• Cost share payments are subject to the State of Kansas Set off Program for payment of delinquencies to the State of Kansas.</li> <li>• I understand this is only an application and gives no guarantee, written or implied, for funding.</li> </ul> <p><b>Please complete the required supplemental information on reverse; applications will not be reviewed until all information is provided.</b></p> <p>Signature: _____ Date: _____</p>	
<p>Applications made Jan 1- March 31 will be ranked and reviewed July 1.                      Applications made April 1 - June 30 will be ranked and reviewed August 1; if funds remain available from July allocation.                      Applications made after July 1 will be ranked and reviewed monthly beginning September 1; if funds remain available from July 1 allocation.                      Unfunded applications will not automatically be rolled over into the next fiscal year, applicants must reapply.                      All funds are provided through the Kansas Water Plan fund and are available based on legislative funding approval.</p>	
<p><b>OFFICE USE:</b></p> <p>DATE of APPLICATION: _____ HUC 12 CODE: _____ CULTURAL RESOURCE IDENTIFIED: _____</p> <p>Field Visit Completed by NRCS: _____ RANKED: _____ Date field conditions are ready for construction: _____</p>	

# Miami County Conservation District Cost Share Supplemental Information

Date of last soil test on this land: \_\_\_\_\_

Do you have a current conservation plan for the land included on this application?

If state funds are unavailable would you be interested in possible federal cost share funds through CRP and or EQIP (depending on project)?

**For the following practices;**

- Brush Control Management (314a) \*\*
- Planting (342, 512, 550)
- Riparian Area Protection Fence (382) \*\*
- Interior Pasture Cross Fencing (382) \*\*
- Fence to exclude livestock from pond (382) \*\*
- Pipeline (516) \*\*
- Pumping Plant for Water Supply (533) \*\*
- Spring Development (574) \*\*
- Tank or Trough (614) \*\*

**require the implementation of a grazing management plan and must complete the following:**

Acres in pasture \_\_\_\_\_ must provide map with pasture perimeter marked.

Animal Units (AU) utilizing pasture: please indicate the # of each you will have utilizing the pasture next to the following:

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| _____ Cow/dry = 0.92AU            | _____ Cow, with calf = 1.0 AU    |
| _____ Bull, mature = 1.35 AU      | _____ Cattle, 1year old = 0.60AU |
| _____ Cattle 2 years old = 0.80AU | _____ Horse, Mature = 1.25 AU    |
| _____ Sheep Mature = 0.20 AU      | _____ Lamb, 1 year old 0.15AU    |
| _____ Goat, Mature = 0.15 AU      | _____ Kid, 1 year old = 0.10 AU  |
| _____ Bison, Mature = 1.00 AU     |                                  |
| _____ OTHER: SPECIFY _____        |                                  |

What is your scheduled grazing period? (Date livestock go into pasture and date livestock are taken out of pasture)

\_\_\_\_\_

What type of grass do you have in the pasture?

- \_\_\_ Cool Season (Brome, Fescue, Orchard Grass, etc)
- \_\_\_ Warm Season (Native Grasses) \*\*

*\*\*Warm season grasses , under these practice codes, require a use exclusion cage be installed before project can be certified as complete.*

**Cover Crops** to address *Compaction* or *Depleted Organic Matter*

Compaction requires the use of a 3 species mix and depleted organic matter requires the use of a 5 species mix. Mix and seed rate will be provided by NRCS.

Fertilizer application with cover crop seeding? Yes / No

Termination method to be used on covers?

Anticipated seeding date: no later then 30 days prior to seeding cash crop

**Attach map with exact fields marked; 100 acres maximum payment.**

**If applicable, answer:**

Fence type: 4/5 wire OR woven wire

Tank type: Automatic, Concrete, Steel rimmed, Tire

Brush Control: mechanical treatment OR spot spray

Seeding: specify grass type to be planted \_\_\_\_\_

Erosion control practices:

what is your crop rotation? \_\_\_\_\_

Do you use 100% no-till, minimum till (what % residue coverage) or conventional tillage? \_\_\_\_\_

**Septic System Repairs and Upgrades must have the County Sanitarian complete the Location Criteria and Eligibility form and return it before application will be reviewed.**

**Must also complete the following:**

How long have you owned the property? \_\_\_\_\_

Is the home used as a rental property? \_\_\_\_\_

When was the current waste system installed? \_\_\_\_\_

Is the water for the home supplied by city water, rural water, private well, or cistern? \_\_\_\_\_

**Well Plugging Applications must supply the following info: Inside**

**Diameter (in inches)** \_\_\_\_\_

**Outside Diameter (in inches)** \_\_\_\_\_

**Depth TO Water (in feet)** \_\_\_\_\_

**Total Depth (in feet)** \_\_\_\_\_

**Type of Well-**      **Hand dug or Drilled**

Distance to applied Chemical?

Does runoff from Chemical run TOWARDS the well?

Distance to Confined Feedlot?

Does runoff from feedlot run TOWARDS the well?

Distance to Septic System or Lagoon?

Does runoff from septic or lagoon run TOWARDS the well?

*landowner may complete plugging but a WWC5P must be provided*

**Grid Sampling**

> an approved contract with landowner or operator, must be in place prior to beginning the grid sampling.

> grids shall not exceed 3 acres.

> There is no need to take a profile sample for each grid; a composite can be taken per 40 acres; each field has to stand on its own.

> Report from the ag retailer completing grid samples showing number of grid and acres sampled along with maps of acres sampled must be provided prior to payment.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the US)</small>
5 Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code
7 List account number(s) here (optional)
Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

### **Pasture and Rangeland Benchmark Inventory and Assessment**

The purpose of this document is to record past and current management that has been applied to the specific land unit. This information will be utilized to assist in making recommendations for adjustments in management.

**Producer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Tract Number/Legal Description:** \_\_\_\_\_ **Field Number(s):** \_\_\_\_\_

**Producer Objectives:** Provide a brief description of the desired condition of the grazing unit:

Short-Term (1-5 years):

Long-Term (5-10 years):

**Forage Inventory:** Provide a map of property with correct field boundary, point of access, and acres.

1. This field is used for:     Hay     Grazing     Other: \_\_\_\_\_

2. List the dominant forage in the field (for example: native, brome, fescue, mixed) \_\_\_\_\_

3. Is prescribed burning currently used as a management practice?     YES     NO

If YES, frequency of burning: \_\_\_\_\_ Last time burned (month/year): \_\_\_\_\_

Purpose of the burn: \_\_\_\_\_

If NO, would you consider using prescribed burning in your management?     YES     NO

4. Do areas of brush and/or tree canopy occur in the field?     YES     NO

List species of concern: \_\_\_\_\_

Past brush control treatment (if any): \_\_\_\_\_

5. Do areas of noxious weeds and/or weeds of concern exist in the field?     YES     NO

List species of concern: \_\_\_\_\_

Past weed control treatment (if any): \_\_\_\_\_

(For questions 4-5, please attach a map showing location in field, species of plant(s), and infestation level.)

6. Are there additional fields (included in the grazing system) other than the unit of concern?  YES     NO

(If yes, please attach a map showing the field boundaries, as well as soil and ecological site maps.)

7. If the field is hayed, when is it typically cut (month/day): \_\_\_\_\_  Not Applicable

Is the field hayed more than once per year?     YES     NO

Average leaf height remaining after cutting (in inches): \_\_\_\_\_

Is it grazed following the hay harvest?     YES     NO

8. Pasture Only: Is fertilizer applied to this field?     YES     NO     Not Applicable

(Obtain soil test results, if available.)

If yes, describe the frequency of application (annually, every other year): \_\_\_\_\_

When is the application made?     Spring Only     Fall Only     Spring and Fall

Actual amounts of nutrient(s) applied: (If unknown, obtain a fertilizer application ticket.)

Nitrogen (lbs/ac): \_\_\_\_\_ Phosphorus (lbs/ac): \_\_\_\_\_ Potassium (lbs/ac): \_\_\_\_\_

**Animal Inventory:**

Provide the types and number of livestock that are grazed on this land unit and the dates these animals are present on the land unit.

Animal Type	Number of Head	Average Weight In	Average Weight Out	Date Livestock Arrive in Field	Date Livestock Leave the Field	Notes

**Describe cow/calf operation:**     Not Applicable

Average Calving Date (month/day): \_\_\_\_\_ Average Weaning Date (month/day): \_\_\_\_\_

Bulls are Present with Cows for \_\_\_\_\_ days starting on (month/day) \_\_\_\_\_

**Grazing Management**

Describe the grazing management (early intensive, rotation, set stocked, season of use):

**Water Inventory:** Include the location of watering points on the map.

1. The main livestock water supply for the field is: \_\_\_\_\_ (Ex.: pond, spring, well, rural water)

Is it dependable?     YES     NO

Power is generated by: \_\_\_\_\_ (Ex.: windmill, solar, electric)

2. Is livestock access controlled to surface water supplies?     YES     NO    How? \_\_\_\_\_

(Ex.: fenced pond with tank below, access ramp into pond, etc.)

3. If access is not controlled (or water is not dependable), do you desire to improve the water supply and/or access?     YES     NO

What water development and/or protection practice(s) are desired for the land units?

**Wildlife Considerations:**

1. Is wildlife habitat a primary concern?     YES     NO

2. Is there interest in developing (or improving) habitat for the following wildlife species?

None     Bobwhite Quail     Lesser Prairie-Chicken     Greater Prairie-Chicken     Turkey

Other Grassland Birds: \_\_\_\_\_  Bats     Monarch Butterfly

Other: \_\_\_\_\_

**Management Adjustments:** If necessary, which of the following management activities would you consider making to meet Natural Resources Conservation Service prescribed grazing requirements?

1. Reduce livestock numbers?     YES     NO

2. Graze livestock for a shorter amount of time?     YES     NO

3. Switch to grazing stockers or lighter cattle?     YES     NO

4. On pasture: apply fertilizer to increase productivity?     YES     NO

5. Find additional forage: (cover crop, crop residue, or additional pasture/range)?     YES     NO

**Additional Notes and Concerns** (erosion, winter feeding areas, etc.):

\_\_\_\_\_  
NRCS Representative or Technical Service Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Date