

FARMS Cost Share Information Sheet

Applications must be approved, and funds obligated, prior to work being started.

Legal Name: _____	SS/Tax ID _____
Doing Business As: _____	Owner_ Tenant_ Agent_ POA_____
Address: _____	Farm:_____ Tract:_____
City, State, Zip: _____	Practice applying for _____
Phone: _____	
Email: _____	
Number of Individuals or Businesses Receiving payment _____	
Additional Name: _____	ID# _____
Additional Name _____	ID# _____

You have chosen to request financial assistance with Johnson County Soil & Water Conservation District and Iowa Department of Land & Stewardship, Division of Soil Conservation & Water Quality. To best process your request, there are a few items you should understand before proceeding:

- All financial assistance programs have eligibility requirements. If you are eligible for financial assistance, any practices tied to your account will be bound by a maintenance agreement that can be in effect for as long as 20 years.
- By applying for financial assistance, you will be granting district representatives the right to ingress and egress to your land so that they can process your request.
- Payment is submitted to State. Check is written and mailed to landowner 7-10 days following the approval from the Soil & Water Conservation District Commissioners. A 1099-Misc is issued to applicant at the end of the year for any cost share over \$600. Cost-share received ~~are~~ considered income by the state and federal taxing authorities and such may increase recipient's tax liability. Consult your tax advisor if you have questions.
- For Cover Crops ONLY- The following documentation will be due in the office no later than April 1st or the application will be canceled and payment will be forfeit. Documentation needed: Map showing where it was completed, date completed, species seeded, germination tags and documentation of rate seeded.

If you agree to the above, please sign and date below:

Applicant Signature _____ Date: _____

Residue and Management Practices

Practice Maintenance Agreement and Eligibility Certification Form (For **1-Year or less** contracts only)

DISTRICT/GRANTEE: _____

Indicate the Type of Practice Applying for:

No-till

Cover Crop

Strip-till

Nitrification Inhibitor

Ridge-till

I agree not to remove, alter or modify the practice as built and to maintain the practice, which includes:

1. Maintaining seeding associated with the practice and ensuring sufficient cover or stand;
2. Avoiding tillage or any other action that could threaten the integrity of the practice
3. Cover crops shall not be mechanically or chemically terminated prior to the spring of the following planting season
4. Undertake any action that would prevent the practice from meeting NRCS practice specifications (if applicable)

I agree that if the provisions outlined above are not met or I am found not eligible to receive payment of funds under these programs, for any reason, I will be required to refund the Iowa Department of Agriculture and Land Stewardship the full amount of the financial incentive payment received. **I also agree that I will provide documentation of the expenses associated with my Cover Crop and/or Nitrification Inhibitor application to the District by April 1st or my application will be canceled, and I will forfeit my cost share payment.**

I, _____, certify that I ☐ *have never* used _____
before in my farming operation. ☐ *have* _____ *Practice Type*
(check one)

Applicant Signature

Date

For Office Use Only:

FARMS ID #: _____

Program: _____