



319 Cost-Share Program

Lake Monroe/Upper Salt Creek Watershed

Applicant Name: _____ Phone Number: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Watershed (if known): _____

Tract/Farm Number and/or location(s): _____

Landowner(s): _____

Livestock Type and Approximate Number (if applicable): _____

Engineering Plan Required: ___ Yes ___ No ___ Unknown

Please describe the project AND the need for the project. What BMPs are proposed? How many acres or square feet or linear feet impacted? What resource concerns are being addressed? For cover crops, what seed mix is proposed?

What conservation practices are currently being used (mark all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Nutrient Management Plan | <input type="checkbox"/> Livestock Exclusion from Waterbodies |
| <input type="checkbox"/> Pest Management Plan | <input type="checkbox"/> Prescribed Grazing Plan |
| <input type="checkbox"/> Cover Crops | <input type="checkbox"/> Roof Runoff Structure |
| <input type="checkbox"/> No-Till | <input type="checkbox"/> Heavy Use Area Protection |
| <input type="checkbox"/> Reduced Till | <input type="checkbox"/> Other: _____ |

What is the proximity of the project site to a water body? (ditch, stream, lake, etc.)

- Adjacent to stream < 1,000 ft away > 1,000 ft away

Is project located on Highly Erodible Land (HEL)?

- Yes No Unknown

Is this your first time participating in a cost-share program?

- Yes No

Are you willing to use this site for education/demonstration purposes?

- Yes No

I certify that I own or have control of the above listed land under consideration for the Lake Monroe Watershed Cost-Share Program. I understand that in order to receive payment for implemented practices, a conservation plan must be in place for the land benefited by this cost-share program before cost-share dollars will be paid. I also understand that vegetative practices installed through this cost-share program must be maintained for 5 years (except cover crops) and engineered practices must be maintained for 10 years. If I fail to maintain this practice for the required term, I agree to repay the funds received for the implemented practice. I further acknowledge that any dispute that I have regarding the status and approval of this application will be addressed by the Lake Monroe Watershed Advisory Committee.

Applicant Signature

Date

This cost share program is made possible by a Section 319 Grant from the Environmental Protection Agency under an assistance agreement with the Indiana Department of Environmental Management. Section 319 Grants prohibit the use of grant funds for activities that include draining, dredging, flood control, incentive payments, yield loss payments, land payments, maintenance costs, large equipment purchases for individuals, sales tax, costs of work required by federal regulations or permit fees of any type.