

FARMS information needed to Apply for Assistance

Box 1 – Primary contact

User Name (last_first_MI): _____

Your initial password will be (min 8 characters-upper and lower, include at least 1 special. You may NOT use pieces of your name or email):

Fremont.swcd

Name of entity to receive financial incentive: _____

Type: **Individual**

- Owner
- Power of Attorney on file?
- Agent
- Tenant
- Contract Buyer
- Contract Seller

Business

- Estate or Trust
- Partnership
- Corporation
- Sole proprietorship
- Government
- Public Sector Service Corp
- Other _____

_____ Number of participants

Contact person: _____ % ownership: _____
 First Name Middle Initial Last Name

Home Phone: (____) _____ Cell Phone: (____) _____ Business Phone: (____) _____ FAX: (____) _____ -

Full mailing address: _____
 Street City, State, Zip Code

Email: _____ Social Security # / Tax ID of **ENTITY** receiving financial incentive: _____

MAXIMUM you want to spend? \$ _____

Box 2 - Other Participants:

Name: _____ % ownership: _____
 First Middle Initial Last

Home Phone: (____) _____ Cell Phone: (____) _____ Business Phone: (____) _____ FAX: (____) _____ -

Full mailing address: _____
 Street City, State, Zip Code

Email: _____ Social Security # / Tax ID of **ENTITY** receiving financial incentive: _____

You have chosen to request financial assistance with Fremont Soil and Water Conservation District and IDALS Division of Soil Conservation. To best process your request, there are a few things you should understand before proceeding:

1. 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.
2. By applying for financial assistance you will be granting district representatives the right of ingress and egress to your land so that they may process your request.

Right of Ingress and Egress

Soil and Water Conservation District Commissioners and their agents are granted the *Right of Ingress/Egress*. The agreement specifies that the district will provide technical assistance in planning, applying, and maintaining soil conservation and water management practices on a tract of land. The landowner through this agreement grants authorization to district personnel for ingress and egress upon the land. The agreement contains information necessary for the district to prioritize technical assistance activities.

If this application is for a terrace project, keep in mind that existing terraces must meet specifications. If they do not, we will start with the top terrace and work down. Terraces **MUST BE STARTED** no later than 30 days after layout. Funds may be cancelled if work is not started within 30 days of layout.

No extensions will be granted without prior approval by Fremont County Soil and Water Conservation District. The landowner is only guaranteed up to _____ of bill or estimate, whichever is less. If you have questions, do not hesitate to call 712-374-2014.

If you agree to the above, you may sign here:

Name: _____

Date: _____



Fremont Soil and Water Conservation District
502 West Street, PO Box 490
Sidney, IA 51652

01/13

**Assistance Request Letter
Pending Board Approval**

TO:

FROM: Phillip Wing, Chair
Fremont Soil & Water Conservation District

DATE:

RE: Application

The Fremont SWCD is considering your project for cost-share assistance for the practice named above. Your project includes the following:

Practice	Quantity	Estimated Cost	Cost Share Amount

In order to bring this request before the District Board for approval or denial, your signature is required below indicating that you (1) certify you are eligible to participate in the financial incentives program, (2) grant the District and its representatives the right of ingress and egress to your land for purposes related to this application, and (3) agree to comply with the Maintenance/Performance Agreement specified for this practice. Please return this signed document within five days to the District office address listed above.

If you need further assistance or have questions, please call the District office at 712-374-2014, ext.3.

Signature of Applicant (if other than owner of record)

Date

Signature of Landowner (designated power of attorney required in all cases)

Date

------(For Office Use Only)-----

TECHNICAL CERTIFICATION:

I have viewed the site where the above-named practice(s) will be applied and find it to be appropriate. The estimated quantity and cost of the practice are reasonable and proper.

Signature of Technician (District Conservationist or District Forester)

Date