

FARMS APPLICATION FOR ASSISTANCE

You have chosen to request financial assistance with the East Pottawattamie 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 will be in effect for 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 you agree to the above, you may sign here:

Name: _____

Date: _____

FaRMS information needed to Apply for Assistance To be filled out by office staff

Box 1

Name of entity/person to receive financial incentive: _____ % Stake: _____

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 _____

Contact person: _____
First Name Middle Initial Last Name

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

Full mailing address: _____
Street City State Zip Code

Email: _____

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

MAXIMUM you want to spend? \$ _____ Number of participants

User Name (last_first_MI): _____

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

Box 2 - Other Participants:

Name: _____ % Stake: _____
First Middle Initial Last

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

Full mailing address: _____
Street City State Zip Code

Email: _____

Social Security # / Tax ID of **ENTITY** receiving 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 _____

Name: _____ % Stake: _____
First Middle Initial Last

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

Full mailing address: _____
Street City State Zip Code

Email: _____

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

Type: **Individual**

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

Business

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

Box 3 Who will be present at layout? _____ Phone: () _____ Home Cell Work
 Location of practice _____ Phone: () _____ Home Cell Work
 Legal _____ Qtr _____ Qtr _____ Qtr _____ Sec _____ Township name _____ T-R _____ County _____

Was land brought into production between 1966 - 1981, check if yes.
 Tract # _____ Farm "Name" _____ (i.e. Home place)

Contractor _____ Aerial photo(s) attached with location marked.
Need / objective: (terraces, grade stabe, windbreak, etc) **Be Specific.**

- District**
 East Pottawatomie SWCD
 other _____
- Office Use**
 Verify ownership
 Verify participants
 Verify signers
 Jordan Creek W/S

Box 4 OFFICE USE ONLY DATE: _____ TIME: _____ received in office

Season	Apply by	Start	Complete
Spring <input type="checkbox"/>	June 15	7-1	7-15
Summer <input type="checkbox"/>	July 15	9-1	9-15
Fall <input type="checkbox"/>	Dec 10	12-28	12-31

- PICK ONLY ONE**
- \$7 recording fee - REMINDER
- ~~CULTURAL RESOURCE~~ *meat*
- Check if located in Jordan Creek Watershed
- Other W/S _____
- HUC # _____

- Practice** complete a separate applic. for each
- Terraces
 - WASCB
 - Waterways:
 - Filter Strips:
 - Grade Stabe
 - Windbreak
 - Well Closing
 - Other: _____
 - Rain Garden
 - Bioswale
 - Compost.

- Application approved/denied _____
- Voucher approved _____
- Voucher to DSC/CNTY _____
- Check postcard to owner _____
- Check picked up _____
- Quicken _____
- Account # _____
- Trf to Acct # _____
- Entered application
- Entered slippage
- Entered check # (ledger)

- Assistance request letter sent _____
- Assistance request letter returned.
- Assistance approval letter.
- Assistance denial letter.
- Amend. request letter sent _____
- Amend.request letter returned
- Amendment approved letter.
- Amendment denied. Letter
- Maintenance agreement
- Cert page sent to claimant _____
- Cert page faxed to DSC _____
- Cancellation letter.

Installed: _____ FS _____ Tech _____
 Estimate \$ _____ Eligible \$ _____ Maximum: \$ _____
 Contractor _____ Bill \$ _____ \$/ft
 Actual c/s \$ _____ Slippage \$ _____
 Check number _____ Check Date _____
 Date Certified _____ Acs treated _____ soil loss before _____ soil loss after _____
 _____ Acres Drainage Sediment Delivery Before _____ After _____

APPLICATION FOR L.O.S.T. FUNDS: (sign here)

