



General Information (to be completed by SWWD)

Organization SWWD	Contract Number	Other federal or other state funds? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amendment <input type="checkbox"/> Board meeting date(s) _____	Canceled <input type="checkbox"/> Board meeting date: _____
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*If a contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
Email		Phone	

* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Project Location (if different)

Address	City/State	Zip code
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Contract Information

I (we), the undersigned, do hereby request cost-share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

- SWWD's Water Quality Cost Share Program is a Reimbursement Program.** Applicants will be reimbursed for the contract amount upon successful completion of the project and submission of all required documentation.
- The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a **minimum of 10 years**, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the organization technical representative.
- Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the South Washington Watershed District for the amount up to 100% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
- Practice(s) must be planned and installed in accordance with technical standards and specifications of the Technical Representative.
- Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost share payments.
- This contract, when approved by the SWWD board, will remain in effect unless canceled by mutual agreement, except where installations of practices covered by this contract have not been started within **1 year following Board approval of this contract**, this contract will be automatically terminated on that date. Practices will be installed by **2 years following Board approval of this contract** unless this contract is amended by mutual consent to reschedule the work and funding.
- Items of cost for which reimbursement is claimed are to be supported by invoices/receipts for payments and will be verified by the organization board as practical and reasonable. The organization board has the authority to make adjustments to the costs submitted for reimbursement.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the organization technical representative.
4. Not accept cost-share funds, from state and federal sources combined, that are in excess of **100%** percent of the total cost to establish the conservation practice and provide copies of all forms and contracts pertinent to any other state or federal programs that are contributing funds toward this project.

Date	Land Occupier
Date	Landowner, if different from applicant
Address, if different from applicant information:	

Conservation Practice (to be completed by Technical Representative)

The primary practice for which cost-share is requested is _____

Practice standards or eligible component(s)	Engineered Practice <input type="checkbox"/> yes or <input type="checkbox"/> no Ecological practice <input type="checkbox"/> yes or <input type="checkbox"/> no	Total Project Cost Estimate
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The estimated benefits of this project are:

Total Phosphorus Captured	Nitrogen Captured	Runoff Volume Reduction
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Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above listed practice is to be installed and find it is needed and that the estimated benefits and costs are practical and reasonable.

Date	Technical Representative
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Amount Authorized for Financial Assistance (to be completed by SWWD)

The SWWD Board has authorized the following for financial assistance, total not to exceed the overall percent listed indicated in 4, above.

\$ _____ from _____
Enter program name and fiscal year

\$ _____ from _____
Enter program name and fiscal year

\$ _____ from _____
Enter program name and fiscal year

Board Meeting Date	Authorized Signature	Total Amount Authorized \$ _____
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