

Application for a Cost Share Grant

**Lee County Soil and Water Conservation District
600 South 7th Street
Opelika, AL 36801
334-745-2511**

Today's Date: _____

Name: _____

SSN or Tax Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number(s): _____ **Farm Service #:** _____

_____ **Tract:** _____

Description of Erosion, Water Quality Problem or Forestry Need:

Number of Units Requested (acres, feet, etc.): _____

Program Element Number: _____

Program Element Title: _____

Applied at Other Agencies/Districts?: _____ **If so, where:** _____

I hereby request a cost-share grant to address the problem or need described above. I agree to bear at least 40% of the cost of installing the requested practice as designed by the designated technician. **I certify that I am not receiving duplicate cost-share monies from any other Agency/District except as may be allowed by the District** and that I will not destroy any practice(s), installed under any program, where maintenance requirements exist. It is agreed that I may withdraw this request at any time prior to receipt of the cost-share grant for this practice.

Applicant's Signature

Date