

Social Security # _____ Phone: _____(Home)

Desired Starting Date: _____ Phone: _____(Work)

Date: _____ Phone: _____(Cell)

Name: _____

Address: _____

City State Zip Code

E-Mail Address: _____

Vendor form on file? _____

Intended Practice: _____

PRE-PRACTICE LANDOWNER CERTIFICATION

I have requested state cost-share assistance for a soil conservation practice. I certify that I have not started this practice. I understand that if I begin the practice before I receive official notification of approval from the district board, I am not eligible to receive cost-share assistance for completing the practice.

I understand that the district board of supervisors must approve any modification in the design of the practice. Failure on my part to request changes and obtain board approval of the changes may jeopardize my cost-share payment for the practice.

I understand that I am not eligible to receive payment for installing the practice until it meets NRCS Standards and Specifications within commission policy.

Landowner Signature

Date