

<b>KENT CONSERVATION DISTRICT          COST-SHARING AGREEMENT          COVER CROP USE ONLY          Fiscal Year 2016</b>	<b>STATE</b> <i>Delaware</i>
	<b>COUNTY</b> <i>Kent</i>
<b>Name and Address</b> (PRINT EXACTLY AS IT SHOULD APPEAR ON CHECK & 1099 FORM)	<b>Date</b>   <b>Telephone No.</b>
<b>Social Security # or Federal ID # -</b>	

**Section 1 - AGREEMENT PROVISIONS**

Each undersigned person agrees to participate in the Kent Conservation District Cost-Sharing Program and to comply with the terms set forth herein and the regulations governing the program for the period covered by the agreement. Such regulations are hereby made a part of this agreement. Each undersigned person also represents and agrees that:

1. The corrective measures needed for the identified problems are contained in the Conservation Plan of Operations as approved by the Kent Conservation District. All practices shall be performed according to such plan and program standards and requirements in effect at the time the practice is performed. The practices eligible for cost-share assistance under each year of the agreement in accordance with the agreed upon Conservation Plan of Operations, or subsequently revised plan, will be shown on the prescribed form issued to the landowner.
2. Applications for cost-share payments for practices performed under this agreement shall be made on a form prescribed by the Kent Conservation District and such applications upon approval shall be made a part of this agreement; and
3. Each undersigned person is jointly and severally responsible for compliance with the terms and conditions of this agreement as to the conservation and environmental problems identified below which are to have corrective measures performed on the tract(s) of land on which the undersigned is an owner or operator and for refund of payments determined in accordance with applicable program regulations for failure to comply with the terms and conditions of this agreement. The undersigned understands that non-compliance with the terms and conditions of this agreement may result in the loss of participation in any/all District programs.

**Ranking Criteria as stated on the Guidelines will be used if demand exceeds funds available.**

**Section 2 - APPLICANT REQUEST**

I request cost-sharing assistance under this program to solve the problems discussed on this application. The practice is needed to conserve soil and water resources on the property identified above and would not be performed to the extent requested and needed by me without state cost-sharing assistance. If cost-sharing is approved for the practice requested, I agree to refund all or part of the cost-sharing assistance paid to me as determined by the District if, before the expiration of the specified practice lifespan I, destroy the approved practice or voluntarily relinquish control of or title to the land on which the approved practices has been established and the new owner of the land does not agree in writing to properly maintain the practice for the remainder of the specified lifespan.

*I _____ give KCD permission to obtain my maps from FSA. <b>Applicant's Signature</b> _____	<b>Date</b>
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<b>Applicant is:</b> <input type="checkbox"/> Operator <input type="checkbox"/> Landowner	
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<b>Signature of Kent Conservation District Board Supervisor</b>	<b>Date</b>
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