

MARYLAND AGRICULTURAL WATER QUALITY COST SHARE PROGRAM APPLICATION

SECTION I - APPLICANT INFO.				FOR MDA USE		AGREEMENT NUMBER		
(Fill in Section I: Print Legibly in ink)								
1) SS/FID Number	2) County	3) Telephone Number	4) Farm / Tract #	5) Individual Request	Pooling Agreement	Public Land		
6) NAME and ADDRESS (of person to receive check) Include farm name (if any)		Landowner	7) Are you applying for cost sharing for this project from another program? If yes, which program?				Yes	
		Tenant					No	
			8) Have you installed soil conservation practices with SCD Assistance before?		Yes	9) Do you have a soil and water conservation plan for your farm?		
					No			
			10) I plan to start this project by: (Month / Year)		Mo.	Year	11) It will be completed by: (Month / Year)	
							Mo.	
							Year	
12) APPLICANT'S CERTIFICATION								
I request cost-sharing under this program to solve an existing or potential water quality problem. The project I have requested is needed to conserve soil and water resources. I have read the program guidelines and understand the steps involved for approval. I understand I am not guaranteed cost-sharing funds until I have received a letter of approval and a copy of my signed and dated agreement from the Maryland Department of Agriculture.								
I agree to be in compliance with the state's nutrient management requirements (MD Agric. Code Ann. §§8-801-8-806 and COMAR 15.20.06-08) before I am eligible to receive cost share payments for implementation of this practice.								
Signature (Tenant, if applicable)			Date		Signature (Landowner)			Date
SECTION II - - TECHNICAL REPORT								
For SCD Use:								
13) No.	14) Project or Components	15) NRCS #	16) Extent Request	17) Is the project shown at the left the most cost effective measure to solve the water quality problem?				
				Yes No If no, explain below.				
18) Maintenance Life: (years)								
ESTIMATE OF ELIGIBLE COST								
19) Quantity	20) Unit	21) Materials / Service	22) Flat Rate	23) Total Cost	24) Rate	25) State Cost Shares		
				\$0.00	87.50%			
				\$0.00				
				\$0.00				
				\$0.00				
				\$0.00				
				\$0.00				
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				\$0.00				
				\$0.00				
Estimate of State Eligible Cost Share amount must exceed \$200 minimum			TOTAL	\$0.00	TOTAL	\$0.00		
MDA-S0-1				26) Estimate of Co-Cost Sharing				
Rev. 4/05				27) Estimate of Eligible State Cost				
				\$0.00				