

Marshall, St. Joseph, Elkhart, and Kosciusko County SWCDs
319 Cost-Share Grant Program
Funded By
Indiana Department of Environmental Management

319 Cost Share Application Form

Instructions:

On section A: Fill out Applicant Name, Indiana County, Farm Number, Track Number, and Field Number. (Section Number, Township, Range, Civil Township, USGS Quad Name, 12-Digit HUC, Latitude and Longitude will be filled out for you at the office.)

Fill out Applicant Signature, Date, Printed Name, Address (number and street), City, State, and Zip Code. (If the Landowner is different from the applicant, his signature and address is only needed if the practice will be permanent such as a field strip or waterway. If the practice is temporarily like cover crops, only the landowners printed name is needed.)

On section B: Fill out the Field Number, and under Practice Title, put what you intend to do; for example, "Cover Crops", "Equipment Modification", "Filter Strip" or other. Staff will fill out the remaining items on the first page of the application.

*Supplemental Page of Application: This is to provide us with needed contact information. Please make sure you provide us with your preferred method of contact, and additional methods if we can't reach you using your preferred method. This page also gives you space to further explain the work you would like to do, especially if it is an equipment modification of some type. If possible, include a location map or at least the nearest cross-roads to help us locate your farm to obtain official FSA maps, which are a grant requirement. Finally, please answer the specific questions listed as they will be used as part of the prioritization process for applications. **To print:** set print settings to portrait.*

W9 form for IRS – All grants given out require the recipient to fill out a W9 form since those receiving grant funds will receive a 1099(misc) form for their taxes.

At the top of the form, please complete sections one, two, three, five, six, and seven.

Under Part I: If you want cost-share funds to be filed under your name, please fill out your social security number. If you want funds under your business name for tax purposes, fill out your employer identification number.

*Under Part II: Don't forget to sign and date the form. **To print:** set print settings to portrait.*

To complete application: Please fill out all three forms, (319 Cost Share Application Form, Supplemental application information page, and W9 form for the IRS), sign the forms, scan them, and email to the Headwaters Yellow River Watershed Coordinator at timkroeker7@gmail.com or timothy.kroeker@nacdnet.net. You may also drop them off at your local SWCD office.

Thank you for your interest in the Headwaters Yellow River Watershed Cost-Share Program. We look forward to serving you and joining you on your conservation and/or soil health journey. Best regards.

Timothy S. Kroeker
Headwaters Yellow River Watershed Coordinator
Kroeker Consulting LLC