

**Headwaters Yellow River Watershed  
Cost-Share Application Supplement**

**Supplemental Information:**

Name: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_

Phone Number (mobile): \_\_\_\_\_

Email Address: \_\_\_\_\_

Field Number(s) and description of practice(s)\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**Please answer the following questions:**

Is manure applied to this field?

Is erosion present in the field? How severe? (Brief description)

Is this the first time you have tried this conservation/soil health practice in this field?

Are you new to this conservation practice?

\*Please include maps of practice locations and provide closest road intersections if not visible on maps.

Maps are available at your local FSA office.