

## McHenry-Lake County Soil & Water Conservation District

### Cost Share Application

***Please fill out yellow highlighted fields.***

Application No: _____ Applicant Name: _____ Address: _____ City, St, Zip: _____ Phone: _____ Email: _____	Application Date: _____ Landowner Name: _____ Address: _____ City, St, Zip: _____ Phone: _____
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Farm #: _____	
Tract #: _____	
Twp/Sect: _____	

Please include FSA Map with practice area designated, with your application.

Payee: \_\_\_\_\_

Please note: The Payee will have to fill out an IRS W-9 form, providing their SSN (or FEIN, if entity) at the time of funding approval. They will also receive a 1099-G form if the payment amount is over \$600.

Please provide cropping and tillage history in the box below.					
Field #	Crop	Tillage Method	Fall / Spring	% Residue	"C" Factor
Average "C" Factor					
Practice(s) desired: _____					
<i>If requesting cover crops, please list species or mix desired and acreage.</i>					

*Note: All cover crop species, seeding and termination recommendations must come from the Midwest Cover Crops Council Selector Tool located at the following website: <http://mccc.msu.edu/covercroptool/>*

Office Use Only:		
<b>Field treatment needed for:</b> <input type="checkbox"/> gully erosion <input type="checkbox"/> sheet & rill erosion	Representative Soil Symbol R K LS T C P	<div style="border: 1px solid black; padding: 2px; text-align: right;">140</div>
<b>Soil Information is for:</b> <input type="checkbox"/> entire field <input type="checkbox"/> gully drainage acres	Soil Loss Prior (tons/ac/yr)	
Planned practice: _____ Average Cost: _____		
Notes:		