

# MARYLAND AGRICULTURAL WATER QUALITY COST SHARE PROGRAM

## APPLICATION - PAGE 1

(Fill in Section I: Print Legibly in ink)				<b>SECTION I - APPLICANT INFORMATION</b>			FOR MDA USE			<b>AGREEMENT NUMBER</b>					
1) SS/FID Number		2) County		3) Telephone Number		4) Farm / Tract #		5) Individual Request <input type="checkbox"/>		Pooling Agreement <input type="checkbox"/>		Public Land <input type="checkbox"/>			
6) NAME and ADDRESS (of person to receive check) Include farm name (if any)			Landowner	Tenant	7) Are you applying for cost sharing for this project from another program? If yes, which program? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>										
					8) Have you installed soil conservation practices with SCD Assistance before? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		9) Do you have a soil and water conservation plan for your farm? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>								
					10) I plan to start this project by: (Month / Year) <span style="float: right;">Mo. <input type="text"/> Year <input type="text"/></span>		11) It will be completed by: (Month / Year) <span style="float: right;">Mo. <input type="text"/> Year <input type="text"/></span>								
12) <b>APPLICANT'S CERTIFICATION</b>															
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. <b>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.</b>															
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			

For SCD Use: **SECTION II - - TECHNICAL REPORT**

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 <input type="checkbox"/> No <input type="checkbox"/> If no, explain below.
18) Maintenance Life: (          years)				

ESTIMATE OF ELIGIBLE COST							co-cost shared		Yes	No
19) Quantity	20) Unit	21) Materials / Service	22) Flat Rate	23) Total Cost	24) Rate	25) State Cost Shares				
					<b>65%</b>					
Estimate of State Eligible Cost Share amount must exceed \$200 minimum.		TOTAL COST FROM ADDENDUM		\$0.00	TOTAL		TOTAL			

MDA-S0-1	26) Estimate of Co-Cost Sharing
Rev. 4/05	27) Estimate of Eligible State Cost



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SECTION III - TECHNICAL DETERMINATION					AGREEMENT NUMBER	
Total Tons of Soil being delivered to the Waters of the State (Tons per year)			33) Watershed Segment Number		34) Geographic Area	35) Distance to waters of the state (feet)
			- - - - -			
28) Acres	29) Before	30) After	31) Difference	36) Will this project benefit land devoted to an agricultural activity? If NO, explain below		Yes <input type="checkbox"/>
			0			No <input type="checkbox"/>
			T/YR	37) Will this project reduce pollutants from being delivered to the waters of the state? If NO, explain below		Yes <input type="checkbox"/>
						No <input type="checkbox"/>
32) Circle Type(s) of Erosion:			38) Acres Benefitted:		39) Predominant land use Capability Classes	
Sheet/Rill	Gully	Wind				
43) Description of Water Quality Problem (Waterway Name)			44) Cost-Effectiveness		45) Operation and Management Plan Yes <input type="checkbox"/> No <input type="checkbox"/>	
46) Project Location	47) SCD CERTIFICATION					
E	The _____ Soil Conservation District has reviewed this referral and finds it adequate and appropriate for this program.					
N						
48) Authorized Signature (Designated Technician)			Date	49) Authorized Signature (Chairman or Designee)		Date

## SECTION IV - DETERMINATION OF ELIGIBILITY

For MDA Use

The Maryland Department of Agriculture has determined that this application (is) (is not) eligible for state cost sharing for the estimated amount shown at right. If not, explain below.		Signature (MDA Representative)	Date
		ESTIMATE OF COST SHARES:	

## SECTION V - AGREEMENT APPROVAL

For MDA Use

The Maryland Department of Agriculture certifies this agreement for this project is in order, is signed by all parties and is approved / pending approval by the Board of Public Works.

Fund Source:		Approval Amount:	
		\$	

Signature (MDA Representative)

The Board of Public Works	Approves:	Disapproves:	This Agreement is:	Approves:	Disapproves:
this agreement.			for Federal Funds.		
Agenda Item Number:			Date:		
Date:					

General Comments:	Copy of Deed Located With:	Liber/Folio #	Account ID Number (from MD Property View):

Permit Required:    Y    N    If yes, does the SCD have a copy of file    Y    N

Horse License #: \_\_\_\_\_ (horse operations only)

(Optional) Longitude: \_\_\_\_\_

(Optional) Latitude: \_\_\_\_\_