

SFY 2025 KACD WRAPS Partnership
Initiative Cost-Share Financial Assistance
Request Form

For Administrative Use Only	
Date Received	_____
Submitted by	_____
Eligible Practice?	YES NO
Est. Lbs. of Phos. Reduced	_____
HUC	_____
Livestock:	YES NO
Cropland:	YES NO
Est. Incentive Payment	_____
C-S Program	_____
Contract #	_____

Please complete for cost-share financial assistance consideration:

Cost-share financial assistance requested for the following conservation practice(s):

(If Practice is Cover Crop indicate year enrolled: 1st Year 2nd Year 3rd Year)

When will the practice(s) be installed/completed? _____

What is the current land use? _____

Legal Description: ____1/4 ____1/4 Sec. ____ Twp. ____ Rng. ____ Tract #: _____

Field #'s/Acres: _____

(Indicate location of proposed project on aerial map.)

Are you willing to allow this project to be used for demonstration purposes? YES NO

Landowner's Name (as appearing on deed):

Participant Name (if other than landowner):

Participant's SSN/FEIN: _____

Mailing Address: _____

Telephone Number(s): _____

Operator's Name & Telephone Number: _____

Multiple participants? Yes No If yes, please add additional participants' information on next page with percent share.

SSN/FEIN: _____

Mailing Address: _____

Telephone Number(s): _____

Operator's Name & Telephone Number: _____

Multiple landowners? Yes No If yes, please add additional landowners' information on next page with percent share.

**SFY 2025 KACD WRAPS Partnership
Initiative Cost-Share Financial Assistance
Request Form (Continued)**

Multiple Participant's:

Participant's Name:

SSN/FEIN: _____

Mailing Address: _____

Telephone Number(s): _____

Percent Share: _____

Participant's Name:

SSN/FEIN: _____

Mailing Address: _____

Telephone Number(s): _____

Percent Share: _____

Participant's Name:

SSN/FEIN: _____

Mailing Address: _____

Telephone Number(s): _____

Percent Share: _____

- **NOTE: financial assistance.**
- **Construction/installation/implementation of this practice(s) started prior to contract approval will result in ineligibility for cost-share financial assistance.**
- **Each proposed project will be evaluated and ranked based on established criteria.**
- **An on-site evaluation of proposed projects may be conducted by the conservation district/NRCS staff to determine eligibility of the project.**
- **If approved for cost-share financial assistance, the landowner(s) must sign a contract agreeing to the terms set forth in the contract. Certain projects have additional requirements.**
- **You will be notified of the status of your request for cost-share financial assistance by the _____ County Conservation District.**
- **Completing this form does not guarantee cost-share.**
- **\$30 per pound of Phosphorous reduced by the approved installed practice not to exceed 100% of Landowner Actual Cost. Maximum per acre rates apply: 1st year per acre payment - \$45; 2nd year per acre payment - \$30; 3rd year per acre payment - \$15.**