

**Jackson District**  
**COST-SHARE ASSISTANCE AGREEMENT**  
**Alternative Tile Intakes**

Agreement Number
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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

SECTION: \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ INTAKES TO BE INSTALLED: \_\_\_\_\_

In order to receive cost-share assistance the landowner/organization agrees to install the conservation practice according to standards and specifications established by the Jackson SWCD if applicable. Once installed, the landowner/organization will operate and maintain the practice for a minimum effective life of 5 years. Failure to do so will result in the landowner or responsible organization to refund all cost-share dollars provided by this program. Cost-share is not guaranteed until SWCD Board approval is received.

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**LANDOWNER OR AUTHORIZED SIGNATURE** **DATE**

TILLAGE PRACTICE: \_\_\_\_\_ CROP ROTATION: \_\_\_\_\_

SOIL TYPE: \_\_\_\_\_ AVERAGE SLOPE: \_\_\_\_\_ APPROX. BASIN SIZE: \_\_\_\_\_ ac.

**TECHNICAN CERTIFICATION- NEED AND COST ESTIMATE**

Practice: \_\_\_\_\_ Cost-Share Amount Needed: \_\_\_\_\_

Total Estimated Cost: \_\_\_\_\_

The practice is needed and can be constructed to meet SWCD standards and specifications.

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FUNDING APPROVAL**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Unit of Government: Jackson Soil and Water Conservation District (SWCD)

Number of Intakes to be installed: \_\_\_\_\_ Cost-Share/Intake \$ \_\_\_\_\_

Cost-share assistance shall not exceed \$ \_\_\_\_\_ on the basis of \_\_\_\_\_ % of the estimated cost of installing the practice and not to exceed \$200/intake. Payment will be made to the landowner after the practice has been completed.

**PERFORMANCE REPORT**

This practice has been installed according to SWCD standards and specifications.

Inlets Installed: \_\_\_\_\_ Filter Sock  Muck Pipe  \_\_\_\_\_ Perf. Tile  \_\_\_\_\_ Misc.: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION**

Total Payment: \_\_\_\_\_ Date Issued: \_\_\_\_\_