



Alabama Irrigation Initiative Cost-Share

Application Form

Jackson County Soil & Water Conservation
2345 South Broad Street, Suite A
Scottsboro, AL 35769
256-574-1005 Ext. 3

Application Number: _____

Name: _____

Telephone 1: _____

Address: _____

Telephone 2: _____

E-mail: _____

- Individual
 Entity
 Socially Disadvantaged
 Primary Application

Section: _____ Township: _____ Range: _____

Description of Erosion, Water Quality Concern, Forestry or Agriculture Water Management Need:

<u>Practice #</u>	<u>Practice Title</u>	<u>Acres Requested</u>
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_____	_____	_____
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I hereby request a cost-share grant to address the concern or need described above. I agree to bear at least _____ of the cost of installing the requested practice as designed by a Certified Irrigation Designer (CID) or Professional Engineer (PE). I certify that I am not receiving duplicate cost-share monies from any other Agency/District except as may be allowed by the District and that I will not destroy any practice installed under any program where maintenance requirements exist. I agree to maintain the practice listed herein for at least _____ year(s) following the year the practice is completed. It is agreed that I may withdraw this request at any time prior to receipt of the cost-share grant for this practice.

Signature

Date