



Cost-Share Program Application

Section 1 — Applicant Information

Applicant Name: _____

Farm/Business Name: _____

Mailing Address: _____

Phone: _____ County: _____

Email: _____ Date: _____

Section 2 — Project & Practice Information

Practice(s) Requested for Cost-Share (check all that apply):

- ☐ Heavy Use Area Protection (HUAP) (561)
- ☐ Pasture and Hay Planting (512)
- ☐ Watering Facility (614)
- ☐ Livestock Pipeline (516)
- ☐ Soil Amendments (Please attach up-to-date soil sample results)
- ☐ Other:

Brief Description of Project:

Project Location: _____

Estimated Cost of Project: \$ _____

Have you previously participated in ISDA MRB Soil Sampling Program? _____

Have conservation plans/designs been completed for this project? _____

Have you previously participated in any ICP programs? (EQIP, CWI, 319) _____

--- Please attach supporting documentation to this form for further review ---

Section 3 — Cost-Share Terms

By applying for funding through the IMAGE program, the applicant agrees to the following:

Eligibility & Review

All applications are reviewed and ranked by the IMAGE Committee based on conservation benefit and program goals.

**** Funding is not guaranteed and is subject to availability ****

Reimbursement Structure

This is a cost-share reimbursement program. The applicant must pay project costs upfront

Reimbursement will occur after:

- ISDA verifies practice installation.
- Applicant submits paid receipts and required documentation.
- ISDA confirms project meets NRCS and locally approved standards.

Practice Standards and Maintenance

Applicant agrees to complete the funded practice(s) to the standard and specifications denoted in the NRCS Field Office Technical Guide.

Failure to meet these specifications may result in loss of eligibility or repayment of funds.

Access for Technical Assistance

Applicant grants ISDA and partnering agencies reasonable access to the property for planning, installation verification, and lifespan checks.

Tax Responsibility

Applicant acknowledges that reimbursements may be considered taxable income. Consult a tax professional for guidance.

Changes to Project Scope

Any changes to practice design, location, or scale must be approved in advance by the ISDA Resource Specialist or partnering agencies.

Unapproved changes may result in loss of eligibility or repayment of funds.

Section 4 — Reimbursement Request Process

To receive reimbursement, the applicant must submit:

- Completed reimbursement form.
- Paid, itemized receipts.
- Proof of payment.
- Photos of completed practice.

ISDA will:

- Verify installation.
- Submit reimbursement request to IMAGE Committee.

Section 5 — Signatures

I, the applicant, hereby certify that the information provided is accurate and that I agree to all terms outlined above.

Applicant Signature: _____

Date: _____

SWCD Signature: _____

Date: _____

ISDA Resource Specialist: _____

Date: _____

----- For Internal Use Only -----

Application #: _____

Ranking Score: _____

Approved Practice(s): _____

Approved Funding Amount: \$ _____

Approval Date: _____

Additional Notes:

