

**Cost-Share Program
Application for Financial Assistance
Thomas County Conservation District**

Program Water Resources Non-Point Source Pollution

Landowner Name _____

Address _____

City _____ **State** _____ **ZIP** _____

Telephone No. _____

Social Security/FEIN No. _____

Multiple Landowners? Yes No

Practice applying for _____

Legal Description _____

Animal units served by water supply development _____

Practice Components _____

Est. Units	Average Cost	Estimated Cost	Amount Requested
_____	_____	_____	_____

Practice Components _____

Est. Units	Average Cost	Estimated Cost	Amount Requested
_____	_____	_____	_____

Practice Components _____

Est. Units	Average Cost	Estimated Cost	Amount Requested
_____	_____	_____	_____

**Thomas County Conservation District
Cost-Share Eligibility Statement**

I understand that I am not authorized to start any component of this practice until I have received written notice of approval from the Thomas County Conservation District.

Practice applying for _____

Landowner Signature _____

Date _____

Witness Signature _____

Date _____