



Jackson County
SWCD FY2026
Application Form

Name: _____ Main Phone: _____

Cell Phone: _____

Address: _____

E-mail: _____

☐ Individual ☐ Historically Underserved

☐ Entity **Circle One:** 1) Family Owned Corp 2) Tribe 3) Estate 4) Other: _____

Section: _____ Township: _____ Range: _____ Watershed: _____

Farm #: _____ Tract #: _____

▪ Do you Produce at least \$1,000 of Ag Products within a calendar year? Yes _____ / No _____

▪ How many acres do you Own? _____ How many acres do you Rent? _____

▪ Proof of Ownership and/or Rental. (copy of deed) _____ (copy of lease) _____

Description of Erosion, Water Quality, Forestry or Wildlife Issue:

Resource Concern: _____

System: _____

<u>Practice #</u>	<u>Practice Title</u>	<u>Units Requested</u>
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_____	_____	_____
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_____	_____	_____
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I hereby request a conservation incentive 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 the designated technician. I certify that I am not receiving duplicate conservation incentive money 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 conservation incentive grant for this practice.

Signature

Date