

**AGATE CONSERVATION DISTRICT  
MATCHING GRANT PROGRAM RANGE HEALTH 2019 APPLICATION  
DUE FEBRUARY 28, 2019**

**Part A: (To be completed by Applicant). All items must be completed in order to be considered for a Grant.**

<b>1. Name and Address</b>	<b>2. Date</b>				
<b>3. Telephone Number</b>	<b>4. Practice Location (legal description)</b>				
<b>5. Practice(s) Requested</b>  <b>5b. # of animals this unit serves:</b>  <b>5c. # of acres this unit serves:</b>	<b>6. Reason for Application</b>				
<b>7. Estimated Total Cost</b>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"><b>Amount Requested</b></td> <td style="width: 30%; padding: 5px; text-align: center;">%</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	<b>Amount Requested</b>	%			
<b>Amount Requested</b>	%				

**I understand that the matching grants program will pay no more than 50% of the actual cost of the practice(s) to be installed, not to exceed \$4,000, subject to change. All practices must be approved by the NRCS and the Conservation District. All practices will be paid for by the applicant and reimbursed upon approval by the NRCS and Conservation District. I also understand that I am responsible for making arrangements to have the practices completed by the specified deadline. Practices that have been installed prior to NRCS and CD approval are not eligible for assistance.**

<b>Applicants Signature</b>	<b>Date</b>

**Part B. ( To be completed by Matching Grant Officials)**

<b>1. Practice Extents (ac served)</b>	<b>2. Land Capability</b>	<b>3. Soil Loss Tolerance</b>	<b>4. Land Use (circle one)</b>	
			<b>Range</b>	<b>Crop</b>
<b>5. Practice Name and Number</b>	<b>6. NEW</b>	<b>MAINTAIN</b>	<b>REPAIR</b>	
	<b>Circle one</b>			