



Department of Natural Resources and Parks  
**Water and Land Resources Division**  
 201 South Jackson Street, Suite 600  
 Seattle, WA 98104-3855  
 Phone: 206-477-4810 Fax: 206-296-0192

## REQUEST FOR BEST MANAGEMENT PRACTICES COST-SHARING

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADDRESS OF PROPERTY WHERE PRACTICES TO BE INSTALLED, IF DIFFERENT  
 THAN ABOVE: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY WHERE PRACTICES TO BE INSTALLED:  
 \_\_\_\_\_

<u>BMP Title</u>	<u>Lifetime of Practice</u>	<u>Estimated Cost</u>	<u>Cost-Share Requested</u>	<u>Est. Practice Start Date</u>	<u>Est. Finish Date</u>	<u>Cost-Share Approved</u>

Please note: Do not incur expenses or start projects that you wish to receive cost-share on, until you have submitted this form and received an approval letter, from the King County Agriculture Program, in response. A completed IRS W-9 form must be submitted with this application. The form can be found at [www.irs.gov](http://www.irs.gov) or by contacting the office at the top of this form.

<u>BMP Title</u>	<u>Lifetime of Practice</u>	<u>Estimated Cost</u>	<u>Cost-Share Requested</u>	<u>Est. Practice Start Date</u>	<u>Est. Finish Date</u>	<u>Cost-Share Approved</u>
<b>TOTAL (office use only)</b>						

Farm Management Plan Completed? \_\_\_\_\_ Date of Plan Completion \_\_\_\_\_

Is Plan on file with County? \_\_\_\_\_ Name of Farm Planner \_\_\_\_\_

If applicable; I authorize the Natural Resource Conservation Service or King Conservation District to release my most recent Conservation Plan to King County Agriculture Programs (initial) \_\_\_\_\_

I have already or intend to apply for additional assistance from another entity (Y or N) \_\_\_\_\_  
*(If yes, certain limitations may apply, please list the additional source)* \_\_\_\_\_

***Please address this application attn: Rick Reinlasoder.***

*I request the cost -share assistance indicated in this agreement. I have read and understand the cost-share guidelines. I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) fail to maintain the practice (b) destroy the practice, or (c) voluntarily relinquish control or title to the land on which the practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I authorize a designee of the King County Agriculture Programs access to the practice site area provided advance notice is given.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*I certify that I am the legal owner of the property described on this application. I give the aforementioned applicant the permission to install the practices listed on page one of this application.*

\_\_\_\_\_  
Landowner Signature (if different than above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
King County Agriculture Program Approval

\_\_\_\_\_  
Date

REMARKS:

Participation in this program is open to all eligible applicants without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, parental status, disability, sexual orientation (including gender identity), use of a service or assistive animal, or any protected status.