



Department of Natural Resources and Parks
Water and Land Resources Division
201 South Jackson Street, Suite 600
Seattle, WA 98104-3855
Phone: 206-263-6566 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.

<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>
TOTAL (office use only)						

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.