



Agricultural Cost-Share Application



Name of Applicant:			
Business Name:			
Address:		Phone:	
		Email:	
Township:	Section:	# of Acres:	# of Animals:
Major Agriculture Products:			

Directions: Please explain the cost-share practices in which you are interested. Application will be reviewed and approved/denied by the Board of Directors. ***DO NOT PURCHASE EQUIPMENT OR BEGIN A PRACTICE*** until you have been notified by the program technician. Send all applications to Allegan Conservation District, 1668 Lincoln Road, Allegan, MI 49010. If you have any questions, please contact the Allegan Conservation District at 269-941-6165

Explanation of practice(s) to be funded (include attachments or additional pages as necessary):

Have you implemented the above practice(s) previously? Include an explanation if helpful.

- Yes, on this land
 Yes, but not on this land
 No

Explain: _____

I have answered the above questions truthfully to the best of my ability, and I will inform the Allegan Conservation District if any of this information changes.

Applicant Signature _____
Date

For Office Use Only:

Date Received: _____ Funding Pool: _____

Date Reviewed by Board: _____ Approved / Denied (Circle One)

Chairman Signature: _____ Amount Approved: _____

REIMBURSEMENT WILL BE MADE UPON COMPLETION OF THE PRACTICE.