Irrigation

Cost Share Application

State Cost Share Program

Shawnee County Conservation District
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- Application Period begins in April; all approved contracts must be completed prior to May 1st.

State Cost Share Program

The Shawnee County Conservation District offers financial assistance through the State Cost Share Program to help landowners and operators implement conservation practices that reduce erosion, improve soil health, and protect water quality on cropland. Funding provided by the Kansas Department of Agriculture, Division of Conservation through appropriation from the State Water Plan Fund. Beginning each year from July-May.

- Application Period begins in April; all approved contracts must be completed prior to May 1st.

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1. General program information

The Shawnee County Conservation District (SCCD) administers state conservation cost-share assistance programs to improve soil health, reduce erosion, improve water quality, protect groundwater resources, and implement conservation practices that benefit the citizens of Kansas.

All practices must:

- Meet NRCS and Kansas DOC standards and specifications
- Be approved before construction or implementation
- Be maintained for a minimum of 10 years unless otherwise specified
- Comply with all local, state, and federal regulations

- Maximum project and landowner limits are subject to annual available funding.

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2. Applicant eligibility requirements

Applicants must:

- Own land within Shawnee County, Kansas
- Provide legal ownership documentation if requested
- Complete all required application materials
- Allow SCCD/NRCS personnel access for site inspections
- Maintain installed practices according to program requirements

- Practices started before approval are NOT eligible

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3. General policies

Important Program Policies

1. Applications must be submitted during official sign-up periods.
2. Applications are ranked using SCCD approved ranking worksheets.
3. Higher scoring applications receive priority funding consideration.
4. All approved practices require certification prior to payment.
5. Payment rates cannot exceed actual landowner cost.
6. Projects must comply with NRCS technical standards.
7. Project completion deadlines will be established at approval.
8. Cost-share practices must be maintained for 10 years.
9. Landowner agrees to permit site inspections.
10. Failure to maintain practices may require repayment.

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4. APPLICATION INSTRUCTIONS

Submit the Following:

- Completed application
- Aerial map or legal description
- Photos of project area
- Supporting documentation if applicable
- Grazing plan (if applicable)
- Irrigation water right documentation (if applicable)
- NRCS conservation plan (recommended)

State Cost Share Application

Irrigation

Landowner Name: (as shown on FSA record)	
Mailing Address:	
Telephone:	
Legal Description	Section ____ Township ____ Rng: ____
Water Right Number:	Farm# ____ Tract # ____
Total Acres in Operation	
Total Acres Requested for Cost share	
Email Address: **(Choose to receive correspondence electronically?)** ☐ **Yes** ☐ **No**	
Existing Irrigation System? ☐ Drip Irrigation ☐ Traveling Gun ☐ Center Pivot ☐ Flood Irrigation	☐ Irrigation Water Management ☐ Pivot Upgrade ☐ Pipeline Conversion ☐ Soil Moisture Monitoring ☐ Flow Meter ☐ Pump Efficiency Improvement ☐ Tailwater Recovery ☐ Water Reuse System
Other: (Please explain)	
Overgrazing Present?	☐ Yes ☐ No — Poor Grazing Distribution ☐ Yes ☐ No
Resource Concerns Livestock Currently Access Stream?	☐ Yes ☐ No — Water Quality Degradation ☐ Yes ☐ No
Visible Soil Erosion?	☐ Yes ☐ No — Drought Stress ☐ Yes ☐ No; Inadequate Water Supply ☐ Yes ☐ No
Located in TMDL Watershed?	☐ Yes ☐ No — Invasive Species ☐ Yes ☐ No; Wildlife Habitat Decline ☐ Yes ☐ No
Public Water Supply Watershed?	☐ Yes ☐ No
Water Shortage Issues?	☐ Yes ☐ No

Have you had a cost share application in the last two years? ☐ Yes ☐ No	If yes, explain: (include last completion date)
Estimated Annual Water Savings: (explain)	**Estimated Energy Savings**
Located in Declining Aquifer Area?	☐ Yes ☐ No

*Unfunded applications **do not carry over** to the next fiscal year. Applicants must reapply annually.*

Requested Practice(s)

(Explain existing practices and proposed conservation changes)

Before Signing This Application
Please read the information below carefully.
Your signature indicates that you have read, understand, and agree to the following:

- **No work may begin prior to receiving an approved contract.** Any work started before approval will make the project ineligible for cost-share funding.
- **All work must meet NRCS standards and specifications** to qualify for payment. These standards are available at the NRCS office and should be reviewed with NRCS staff before beginning any construction.
- The **Shawnee County Conservation District is not responsible** for any arrangements, quotes, or contracts made between landowners and contractors. Landowners are encouraged to obtain contractor quotes before beginning any work.
- It is the **landowner's responsibility** to monitor all contract deadlines and communicate any project delays or issues directly to the Conservation District's District Manager.
- **Approved contracts are valid for 90 days.** All contracts automatically expire on **May 15**, regardless of approval date, in accordance with state policy.
- The **County Average Cost (CAC)** used to calculate payments is an average and may not match your contractor's charges.
- **Cost-share payments are subject to the State of Kansas Set-Off Program** for the payment of any outstanding debts owed to the State of Kansas.
- This application **does not guarantee funding**. Applications will not be reviewed until all required supplemental information is submitted.

- **Attach a W9 and 156 from FSA**
- **If owner is a TRUST, each member must provide a W9**
- **Grid sampling and cover crops may be operator of record with FSA**
- **Must attach a map with project area/details marked.**

Unfunded applications **do not carry over** to the next fiscal year. Applicants must reapply annually.
Funding for State Cost-Share Programs is provided by the **Division of Conservation, Kansas Department of Agriculture**, through appropriations from the **State Water Plan**.

Applicant Certification

I certify that the information provided is accurate and that no practice implementation has begun. Applicant Signature:
Date:

Single Land Owner on Deed ☐ Multiple Landowners ☐ Land In Trust ☐

Each person listed on Deed must complete a W-9

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they