

FY2010 Cost Share Application
Branch & St. Joseph County
Michigan Water Stewardship Program (MWSP)



Please return to:

St. Joseph Co. Conservation District
693 E. Main St.
Centreville, MI 49032

Fax: (269) 467-4356

All applications will be reviewed and **anonymously** prioritized by the Water Stewardship Team and are subject to funding limitations. Requests that do not receive funding will be reconsidered as additional funding becomes available. Environmental risks on your farm may be a factor in determining cost share approval. To be eligible for 2010 cost-share funds, Branch and St. Joseph County producers must have a completed Farm*A*Syst or Greenhouse*A*Syst within the past 3 years, or be willing to complete a Farm*A*Syst or Greenhouse*A*Syst. Anti-backflow devices, rinse nozzles, and pesticide storage signs are free with the completion of a Farmstead or Greenhouse assessment. For more information, please contact Melanie Stoughton, Water Stewardship Technician, at the St. Joseph County Conservation District (269) 467-6336 ext. 5.

Name: _____ Phone Number _____ Cell Number _____

Address: _____ Email: _____

City, State, Zip Code: _____

How did you find out about the Water Stewardship program? _____

Place a checkmark next to the practice(s) for which you are requesting cost share funding. If more than one, please prioritize with 1,2,3 etc., with 1 being your first choice.

<u>Practice</u>	<u>Cost Share Rate</u>	<u>Max. Amount</u>
<input type="checkbox"/> Abandoned Well Closure	90%	\$500
<input type="checkbox"/> Pesticide Inductor Spray System*	50%	\$250
<input type="checkbox"/> Dry Couplers*	75%	\$500
<input type="checkbox"/> Manure Nutrient Analysis* (Max. 4 seasonal samples) (Limited to 3 consecutive years)	100%	\$30.00/sample
<input type="checkbox"/> Pesticide Loading off-set Hydrant*	90%	\$750
<input type="checkbox"/> Pesticide & Fertilizer Storage Locking Valves*	90%	\$360
<input type="checkbox"/> Pesticide Storage-Impervious Surface* (retro-fit)	50%	\$350
<input type="checkbox"/> Pre-Sidedress Nitrate Testing* (Max. 200 acres)	100%	\$1.50/acre
<input type="checkbox"/> Irrigation Scheduling or Evaluation*	50%	\$100
<input type="checkbox"/> Well Anti-backflow device for chem/fertigation*	50%	\$500
<input type="checkbox"/> MAEAP Verification Stewardship Allocation Payment	100%	\$250 1 st , \$100 2 nd

If there is any other **Groundwater or Surface Water Risk Related Practice**, that has merit, that you would like to have considered by the State Water Stewardship Team as a cost-share practice for next fiscal year, please list below: _____

APPLICATIONS FOR ALL ITEMS EXCEPT ABANDONED WELLS, SPILL KITS, RINSE NOZZLES, ANTI-BACKFLOW DEVICES AND PESTICIDE STORAGE SIGNS MUST BE RECEIVED BY **MARCH 31, 2010**.

*COST-SHARE FUNDS ARE AVAILABLE ONLY TO PERSONS THAT HAVE NOT PREVIOUSLY ADOPTED THIS PRACTICE AND/OR HAVE NOT PREVIOUSLY RECEIVED COST-SHARE FOR THIS PRACTICE OR EQUIPMENT.

Please answer the following questions (if applicable).

1. How many acres do you farm? _____ Soil type? (sand, loam, clay) _____
2. If applying for a Well Closure, what type of abandoned well is on the farmstead? (crock, drilled, driven)
What is the depth: _____ ft. and what is the diameter: _____ in. of the abandoned well.
3. Do you store pesticides and/or fertilizers: _____ seasonally, _____ all year or _____ never?
4. What is the distance from your pesticide storage and mix/load area to your well? _____ ft.
to surface water? _____ ft.
5. Have you received cost share assistance in the past from the Groundwater Program? (YES or NO)
If yes, for which practice(s)? _____
How much cost share money did you receive? _____ What year did you receive cost share? _____
6. What is the estimated cost of the practice(s) you wish to implement? _____
7. Have you completed a Farm*A*Syst or Greenhouse*A*Syst? (YES or NO) If yes, when? _____ (year)
8. If you are selected for a cost share practice, would you be willing to host an activity to showcase this cost share practices to other producers? (YES or NO)
9. What type of farming operation do you have? (Livestock, Crops, Nursery, etc.) _____
10. Do you regularly have your soils tested? (YES or NO) If yes, what is the usual frequency? _____
11. What Nitrogen Management practices have you previously utilized? _____

12. How many acres do you spray? _____ Have custom sprayed? _____
13. Do you custom spray for other farmers? (YES or NO) If Yes, how many acres? _____
14. Do you have a current private pesticide applicator's license? (YES or NO)
15. Please list the pesticides that you typically use each year:

16. If you are selected for a cost share practice, are you willing to financially complete the project, use any equipment properly and take full liability for the practice? (YES or NO)
17. Are you currently working toward or intend on becoming verified in the Farmstead or Cropping system of the Michigan Agriculture Environmental Assurance Program (MAEAP)? (YES or NO)
18. Explain why you are applying for this cost share practice, and the benefit or improvement that this practice will have on your farming operation.

I agree that the information given above may be released, for the purpose of review, by the St. Joseph/Branch County Water Stewardship Technician, Water Stewardship Team, and/or Executive Committee.

Recipient Signature

Date