



## Kittitas County Conservation District

2211 W. Dolarway Rd, Ste. 4 - Ellensburg, WA 98926 Phone (509) 925-3352 - Fax (888) 546-0825

August 11, 2016

Dear Potential Cost Share Applicant;

The Kittitas County Conservation District is once again accepting applications for the Small Projects Cost Share Program. Applications will be accepted until 4:30 p.m. September 23, 2016. Applicants will be contacted to schedule a site visit after the application date and before Wednesday, October 12<sup>th</sup>. The KCCD Board of supervisors will consider all applications and decide on funding at their Thursday October 13<sup>th</sup> meeting.

The applicants selected for funding will be asked to supply a more detailed design or plan before a Cost Share Agreement is developed. Once the design/plan is approved and the Agreement is signed the participant will have until April 28, 2017 to complete the project. Please be prepared to spend at least a couple of weeks to complete the process of obtaining project designs and signing the Agreement.

If you have any questions about filling out the application please don't hesitate to call the office at (509) 925-3352 ext. 5 for Mark Crowley or send an e-mail to [mark-crowley@conservewa.net](mailto:mark-crowley@conservewa.net). Please attach to the application a copy of a cost estimate from a vendor/dealer for any purchased items. If you plan on supplying your own labor and/or equipment, please provide an estimate for that too.

Any environmental improvement is eligible for program. The priority for funding is determined each year after all the applications have been received. An applicant could potentially increase their chances of getting funding if they were willing to accept less than the maximum cost share rate available.

We look forward to receiving your cost share application.

Sincerely,

Mark Crowley  
Resource Tech

Date Received: \_\_\_\_\_

Application Deadline: September 23, 2016



**2016-2017 Implementation Project  
Small Project Cost Share Program**

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**Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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**Property Information**

Tax Parcel(s): \_\_\_\_\_

Total Acres: \_\_\_\_\_ Acres in Project Area: \_\_\_\_\_

Current Crop: \_\_\_\_\_ Current Irrigation System: \_\_\_\_\_

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**Project Information**

**Brief description of proposed project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Can this project be completed by April 28, 2017?** Yes No

**Will this project. . .**

	Yes	No	Don't Know
1. Reduce potential sediment transport to waterways? <i>(E.g. convert from flood or rill irrigation to sprinkler irrigation, install sediment retention pond, off stream livestock watering, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Increase water use efficiency? <i>(E.g. pipe an open ditch, install gated pipe, convert to sprinklers, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reduce potential animal waste transport to waterways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Cost Estimate:** Please attach a copy of a cost estimate from a vendor/dealer (Ex. Midstate Co-op Irrigation, etc.).

Total Project Cost: \_\_\_\_\_ Requested Amount: \_\_\_\_\_

*(Cannot exceed either 50% of total cost or \$4,000 whichever is less)*

## 2016-2017 Implementation Project Small Project Cost Share Program

The KCCD Board of Supervisors will review all applications for this cost share program and make the funding decisions. Those decisions will be shared with each application immediately following the October 13, 2016 monthly Board meeting. If your project is selected for funding, KCCD staff will work with you to complete a landowner agreement. Finalization of that agreement will be followed by a written letter authorizing you to proceed with your project.

Your project may be designed by a vendor. That design must meet USDA Natural Resource Conservation Service technical standards. KCCD staff will review all designs to ensure that those standards are met. Additionally, KCCD staff will inspect the project as it is being constructed to ensure that the project is installed as designed. If installation does not meet the appropriate standards, no funding will be provided. Upon the completion of this project, you will assume all operations and maintenance responsibilities for the structures and equipment installed.

Your share of the project cost may include cash or in-kind (e.g. your labor or equipment). You should also be aware that installation work may necessitate hiring a contractor for construction. This may require you to incur some upfront costs and then submit a "Reimbursement Request Form". In addition, this project will require some time of yours, in communicating, corresponding, gathering information, and signing documents as we work through the funding and implementation process.

Please be aware all KCCD cost share projects must comply with Archeological and Cultural Resources permitting requirements. The permit compliance process takes a minimum of sixty days and up to one hundred twenty days to complete and must be completed before construction can begin.

Attached to this application is a "Permission to Access Agreement". Your signature on that agreement provides the KCCD, its employees, representatives, or contractors with a right of entry as needed to investigate the project, gather data, survey, photograph the site, perform an archeologic survey, etc. We welcome your presence at any site visit and would, at a minimum, notify you in advance of the visit.

**I understand that submitting this application does not guarantee funding for my project. Further I understand that the KCCD's receipt of this signed application does not constitute an authorization to begin work or incur any costs. Any costs incurred prior to receiving written approval and an "authorization to proceed letter" from the KCCD are solely my responsibility.**

**Sign Here and  
Return Original  
to KCCD**



\_\_\_\_\_

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Permission to Access Agreement**

**Between**

**Kittitas County Conservation District  
2211 W. Dolarway Rd., Ste. 4, Ellensburg WA 98926  
Phone (509) 925-3352  
Fax (888) 546-0825**

**And**

\_\_\_\_\_ (*landowner name*)

I, \_\_\_\_\_, grant access to my property (tax parcel \_\_\_\_\_) to the Kittitas County Conservation District (KCCD), its employees, representatives, or contractors for the expressed **purpose of planning a resource improvement project**. By signing this form, I certify that I am the legal owner of this property and therefore can grant permission to access to the KCCD. I understand that as the property owner, I have a duty to disclose to the KCCD all defects and safety hazards on the property that are known to or reasonably discoverable by me. I also understand that signing this agreement does not authorize the KCCD to perform or have performed any construction activities.

I understand that the KCCD shall indemnify and hold me harmless from and against any loss, damage, or injury caused by, or on behalf of, or through the fault of the KCCD. I shall indemnify and hold KCCD harmless from and against any loss, damage, or injury caused by, or on behalf of, or through the fault of myself. Nothing in this statement shall require either of us to indemnify the other against either of our own willful or negligent misconduct.

I understand that this agreement becomes effective upon receipt of the signed form and shall terminate 24 months from that date, unless otherwise agreed upon in writing. I may terminate this agreement at any time by submitting a written notification to the KCCD.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number