

Kittitas County Conservation District

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

April 15, 2024

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. May 31, 2024. Applicants will be contacted to schedule a site visit after the application date and before Wednesday, June 12th. The KCCD Board of Supervisors will consider all applications and decide on funding at their Thursday June 13th 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 30, 2025 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@kccd.net. Please attach to the application a copy of a cost estimate from a vendor, dealer, electrician, or contractor 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 and will be considered for the program. Conversion from rill or flood irrigation to sprinklers and conversion of earthen delivery ditch to a pipeline are eligible for 75% cost share rate with a maximum of \$10,000. Conversion to a gated pipe irrigation system is eligible for 50% cost share rate with a maximum of \$10,000.

We look forward to receiving your cost share application.

Sincerely,

Mark Crowley

Mark W. Crowley

Conservation Planner

Date Received:

Application Deadline: May 31, 2024



2024 Small Project Cost Share Program

Α	pplicant Information					
Name:						
Address:						
Phone:	E-Mail:					
	Property Information					
Tax Parcel(s):						
Total Acres:						
Current Crop:	Current Irrigation System:					
	Project Information					
Brief description of proposed pr	J					
Can this project be completed by	y April 30, 2025?	Yes	No			
Will this project		***				
		Yes	No	Don't Know		
1. Reduce potential sediment	1	Ш	Ш	Ш		
(E.g. convert from flood or rill irrigation to sprinkler irrigation, install sediment retention pond, off stream livestock watering, etc.)						
2. Increase water use efficience	cy?					
(E.g. pipe an open ditch, install gated	d pipe, convert to sprinklers, etc.)					
3. Reduce potential animal wa	aste transport to waterways?					
Cost Estimate: Please attac	h a conv of a cost est	lima	ta fi	rom a		
vendor, dealer, electricia						
(Ex. Midstate Co-op Irrigation, etc.).	,::::::::::::::::::::::::::::::::::		, (1		
Total Project Cost:	Requested Amount:					

2024-2025 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 June 13, 2024 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 applicatio Further I understand that the KCCD's receip authorization to begin work or incur any co approval and an "authorization to proceed	pt of this si sts. Any c	gned application does not constitute an osts incurred prior to receiving written
	<u> </u>	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

	Ana		
	(landowner name)		
I,	, grant access to my property (ta	ax parcel) to	
the Kittitas County Conservation [District (KCCD), its employees, re	epresentatives, or contractors for the	
expressed purpose of planning	a resource improvement proje	ect. By signing this form, I certify that	
I am the legal owner of this prop	erty and therefore can grant pe	ermission to access to the KCCD. I	
understand that as the property of	owner, I have a duty to disclose	to the KCCD all defects and safety	
hazards on the property that are	known to or reasonably discove	erable by me. I also understand that	
,	•	or have performed any construction	
I understand that the KCCD shall i	ndemnify and hold me harmless	s from and against any loss, damage,	
	•	CD. I shall indemnify and hold KCCD	
	•	, or on behalf of, or through the fault	
•		indemnify the other against either of	
our own willful or negligent misco	·	macrimity and carer against charer of	
G	·	of the signed form and shall terminate	
24 months from that date, unless	otherwise agreed upon in writing	g. I may terminate this agreement at	
any time by submitting a written n	otification to the KCCD.		
Printed Name	Signature	Date	
Address			
City, State, Zip			

Phone Number