2021 NC Agriculture Cost Share Program Applicant Information

**Applicant:**
Name__________________________________________________________
Business___________________________________________________________________________
Address_____________________________________________________________________________
Phone_________________________ email ____________________________________________

**Landowner (if different from Applicant):**
Name__________________________________________________________
Address_____________________________________________________________________________
Phone_________________________ email ____________________________________________

**Farm information:**
FSA Farm Number ________________ Tract #: __________________________
Type Operation: ____________________________ (crops, livestock, pasture, or hay, etc.)
Total Owned Acres: ____________________________ Total Leased Acres: _______________________

**Animals?**
Type_________________________ Number ________________ Type_________________________ Number ________________
Type_________________________ Number ________________ Type_________________________ Number ________________

**Streams on Property?**  Yes _____  or  No_____

Applicant has provided a copy of one of the following documents to verify program eligibility:
_____ Farm Owner or Operator’s federal tax Schedule F (form 1040) or equivalent, for the most recent tax year showing the owner or operator’s profit or loss from farming
_____ Farm sales tax exemption certificate issued to the farm owner or operator by the NC Dept. of Revenue
_____ Other, please describe: ____________________________________________________________

Check Practices of Interest:

**Manure Management:**
☐ Compost Structure
☐ Waste Storage Structure
☐ Storm Water Management
☐ Heavy Use Area Protection
☐ Closure of Waste Storage Structure

**Conservation Irrigation:**
☐ High Pressure to Drop Nozzles
☐ High Pressure to Low Nozzles
☐ Overhead to Drop Nozzles
☐ Overhead to Low Pressure
☐ Traveling gun to Center Pivot Drop or Low Pressure

**Water Supply Ponds:**
☐ Restoration/Repair Existing Pond
☐ Pond Sediment Removal
☐ Private Engineering Assistance

**Erosion Control on Cropland:**
☐ Cropland Conversion to Grass or Trees
☐ Cover Crop
☐ Sod-Based Rotation
☐ Grasded Waterways
☐ Field Borders
☐ Strip Cropping
☐ Long Term No-Till (3 Year) or (5 Year)*

**Stream Protection:** (Livestock must be excluded from streams)
☐ Livestock Exclusion Fencing
☐ Heavy Use Area
☐ Alternative Watering Systems
☐ Stock Trails and Walkways

**Other:**
☐ Pasture Renovation
☐ Critical Area Seeding

Applicant Signature ____________________________  Date ______________

Return completed form to: Guilford SWCD, 3309 Burlington Road, Greensboro, NC 27405 or FAX to: 336-641-2441
Email to: miangle@guilfordcountync.gov or jwalker1@guilfordcountync.gov  Phone: 336-641-2440