

**NORTH CAROLINA AGRICULTURE COST SHARE PROGRAM
APPLICATION FOR ASSISTANCE**

Applicant

NAME: _____
SSN: _____
BUSINESS: _____
FED ID: _____
ADDRESS: _____

DISTRICT SUPERVISOR? NO <input type="checkbox"/> YES <input type="checkbox"/>
Phone #: (____) _____

Landowner

NAME: _____
SSN: _____
BUSINESS: _____
FED ID: _____
ADDRESS: _____

DISTRICT SUPERVISOR? NO <input type="checkbox"/> YES <input type="checkbox"/>

COUNTY: Randolph	APPLICATION NUMBER:	FACILITY NUMBER:	FUNDING SOURCE:
LATITUDE: LONGITUDE:	RECEIVING WATERS:	14 DIGIT HYDROLOGIC UNIT #:	ASSOCIATED GOVT. PROGRAMS /PROJECT: 319 <input type="checkbox"/> PL 566 <input type="checkbox"/> TVA <input type="checkbox"/> CREP <input type="checkbox"/> _____ <input type="checkbox"/>

***If applicant or landowner is part of a business, complete business information with SSN and Fed Id#. If applicant is not the landowner, complete landowner information and have all parties sign all forms, or provide a copy of 10 year lease in lieu of landowner signatures.**

- Directions to site. _____
- Type of agricultural operation. _____
- Was this operation in existence prior to May, 1992? Yes ___ No ___ If no, provide a clear citation of law, regulation, standard, permit condition, policy, or official guidance which caused the operation to now be out of conformation or out of compliance. (i.e., SB 1217, Neuse NSW rules, SB 1217 Interagency Group guidance).

- Has this operation expanded since May, 1992? Yes ___ No ___ If yes, is the proposed treatment associated with this expansion? (Explain)

- Describe problems and proposed treatment for which assistance is needed.

I hereby apply for cost sharing assistance under the North Carolina Agriculture Cost Share Program. This application does not guarantee cost share approval or obligate the applicant to enter into a cost share agreement.

Applicant _____ Date _____

District Chair _____ Date _____

Approved _____ Denied _____