NEW JERSEY DEPARTMENT OF AGRICULTURE
STATE SOIL CONSERVATION COMMITTEE
STATE COST SHARING PROGRAM

# PROJECT APPLICATION AND AGREEMENT
(AUTHORITY N.J.A.C.. 2:90-3 et. seq.)

| 1. NAME AND ADDRESS | 3. Agreement # | 15. STATE OFFICE USE |
|---|---|---|
| | 4. Total Acres in Farm: | STATE ID#_____ |
| | 5. APPLICANT CLASSIFICATION Phone #: _____<br>Landowner ☐ Farm Operator ☐ (if other than landowner) | |

| 2. FARM LOCATION: | 6. JOINT COST SHARING: |
|---|---|
| Street Address:<br>Municipality:<br>Block and Lot: County: | Are you applying for cost sharing from any other program?<br>Yes ☐ Which program _____<br>No ☐ Explain why _____ |

| 7. Eligible Project Code * | Practice Name/ Project Component | ITEM NO. | FIELD NO. | Estimated Amount/Units | Cost Per Unit | Initial Cost Estimate (per unit and/or project) | C/S % | Requested State Cost Share Amount ($) | Extent Approved ($) (State Office Use) |
|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | G | H | I | J |
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| 8. HUC 14: | | | | | Totals: | | | | |

9. APPLICANT CERTIFICATION:
I request State cost sharing assistance as indicated in block 7 under the Farmland Preservation Program. I intend to complete the project (s) in accordance with a Farm Conservation Plan approved by the conservation district and if I fail to maintain such projects for at least 8 years I agree to refund all or part of State cost sharing assistance. I further certify that I have requested cost sharing assistance through other available cost sharing programs and, where applicable, such cost sharing has been incorporated. *By initialing the box below, I understand that I grant permission for the NRCS or a TSP to provide NJDA-SSCC with a copy of my conservation plan and associated documents as needed. I further understand that NJDA will not release these documents to any person or organization without my permission.*

☐ Initial to authorize NRCS or a TSP to release conservation plan and associated documents. (Application is not complete without plan)

Signature: _____ (Landowner/Farm Operator) Date:_____
***NOTE: If applicant is not the landowner, application must include 'Landowner or Corporate Authorization' form.***

10. TECHNICAL AGENCY RECOMMENDATION:
The projects listed in Block 7 are essential and applicable to the landowners proposed operation and are incorporated in the attached farm conservation plan and CPO.

Signature:_____
Title:_____ Date:_____

11. SCD APPROVAL
The _____ SCD Hereby certifies that this application is eligible for cost sharing; approves the requested projects and the attached farm conservation plan; recommends State funding approval of amounts in Block 7,Column I; and agrees to inspect projects for maintenance as required by N.J.A.C. 2:90-3.11

Signature:_____
Title:_____ Date:_____

12. SSCC APPROVAL
The SSCC has reviewed and approved this application and recommends funding as identified in Block 7, Column J.
Special Remarks:

Signature:_____
Title:_____ Date:_____

13. SADC APPROVAL FOR FUNDING:
The SADC hereby approves cost sharing funds in the amount of $_____.
Such approval shall be valid for 3 years from date below.

Signature:_____
Title:_____ Date:_____

14. REQUESTED PROJECTS To be completed by Technical Agency. Funding approval shall be valid for 3 years from date of approval as specified in block 13. Work must commence within 12 months of funding approval or the application is subject to cancellation. Work performed on projects prior to approval will not qualify for cost sharing. Project costs and cost shares approved are based on the average cost table approved by the district. Payment will be based on the approved percentage of the actual cost of project installation, but will not exceed the amount approved for cost sharing. Payment will be made by the NJ Department of Agriculture upon completion of the projects as certified by the district. Bills must be provided to support cost of materials and installation.