

Kentucky State Cost Share Payment Form

Name: _____

Application ID#: _____

Farm # _____

Tract # _____

County _____

Month _____

A. Practice Approval Information

Funds Requested: \$ _____ | Funds Approved: \$ _____

Original Practice Installation Deadline: _____ / _____ / _____

(if applicable) After 1st extension: _____ / _____ / _____

After 2nd extension: _____ / _____ / _____

B. Installation Information

1. Practice and components actually installed: Technical staff complete page 4 (final payment information) of this document that identifies the conservation practice, units applied, estimated payment, actual cost, and actual payment information. The estimated payment rate will be supplied from the online version of the State Cost Share Application (EEC eForms). This payment estimate is for comparison to the actual bills furnished to the district by the applicant for the practice.

2. Performance Report: The conservation practices and components listed on page 4 of this form have been inspected by authorized technical staff. This practice installation meets program technical standards and specifications, and is completed in accordance with approved plans furnished for this practice:

Yes No

3. Date Performed: The practice was completed to program technical standards on: _____ / _____ / _____.

Technical Staff Signature

Date

Total Installation Cost: \$ _____ Cost Share Payment: \$ _____

C. Conservation District Payment Approval

If applicable, does the applicant have the required Nutrient Management Plan on file for the approved practices: Yes No Not Applicable

Conservation District Employee Initials: _____

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Following a review of technical certification, cost comparison figures furnished by KDOC (EEC eForms) and the applicant's receipts furnished to the District, this practice has been performed to the extent required by the policy set forth in the administrative regulations established for the Kentucky Soil Erosion & Water Quality Cost Share Program, and is approved for the cost share payment as shown.

Chairman, Conservation District

Date

D. Certification and Maintenance Agreement

1. Did you bear all the expenses (except for program cost sharing) of performing this practice? Yes No

If **No**, report name and address of the other person(s) or agency who bore any part of the expenses. Also show kind, extent of, and value of their contributions:

2. Performance Maintenance Agreement:

I certify that the above information is true and correct. I further certify that the entries on page 3 of this form show the practice was performed in accordance with the practice specification and other program requirements. I hereby apply for payment and certify that the practice has been completed. I agree to maintain this practice for at least _____ years following the year that the practice is completed. I agree to refund all or part of the cost share assistance paid to me as determined by the Conservation District if, before the expiration of the practice's life span specified above, I (a) destroy the practice installed, (b) cease to use the practice for its intended purpose, or (c) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree, in writing, to properly use and maintain the practice for the remainder of its specified life span.

Signature, Approved Applicant

Date

Instructions for Completing Kentucky State Cost Share Payment Form

Payment Request Summary

Enter the name of the conservation district and date of request in the spaces provided.

In the table, there should be only one contract entry in the table. Enter the applicant's full name in the first column. Enter the full application submittal ID# in the second column. Example: If requesting funds for an approved contract with a system generated submittal ID# of 123456, for funding year 2024 and you are in Barren County (county code 005), then the Application Identification number would be: 2018-005-123456. Enter the SCS Practice Category into the third column (Livestock: AFO, Livestock: Pastureland, Cropland, Forestland). Enter the approved estimated cost into the fourth column. Enter the calculated actual payment request into the fifth column (75% of actual installation cost).

In the rare instance that a county conservation district may have unobligated funds; after approval from KDOC, please subtract any unobligated funds that are used from the total request in the appropriate cell labeled *Unobligated Funds* on line 6. Enter the total requested payment next to the *Total* cell in line 7.

Check the appropriate answers for if this contract received a modification and/or a cost overrun.

General Information

Enter name, farm number, and tract number(s). Enter application identification number that the online system assigns to the application. *Please use the full application number format as documented on the KDOC approval list. Example: If requesting funds for an approved contract with a system generated submittal ID# of 123456, for funding year 2024 and you are in Barren County (county code 005), then the Application Identification number would be: 2018-005-123456.

In the *County* box, enter the county conservation district that is requesting payment. In the *Month* box, enter the month in which this request is being made.

Practice Approval Information

Enter the funds requested from KDOC after practice completion.

Enter the funds approved in the corresponding space. This will be the funds that were approved on the original approval list for this application; or the total funds approved after an approved modification or cost overrun.

Enter the practice installation deadline. This one-year practice installation deadline will be provided by KDOC when the initial approval list is distributed for that funding cycle. If extensions are approved for the application, enter the new practice deadline in the additional space provided. If no extensions are utilized, leave these additional spaces blank.

Installation Information

2. Performance Report: Indicate by checking *yes* or *no* if the practice is complete and installed to specifications.

3. Date Performed: Enter date on which the practice was inspected and found to be installed to specifications.

The technical agency staff reviewing the installed practice should sign and date the document.

Enter the total installation cost to the applicant, and then enter the subsequent calculated cost share payment for this amount.

Note: Past program years had an entry for the applicant's social security number and check number on this document. That information was utilized for tax purposes only, and not needed by KDOC. Please retain this applicant information only within district files if needed.

Conservation District Payment Approval

If the applicant is seeking funding for a practice that requires a Nutrient Management Plan (CNMP, KyNMP), as determined in the *Kentucky Soil & Water Quality State Cost Share Handbook*, then a conservation district employee shall certify that the plan is complete by initialing this form. A record of the completed nutrient management plan and date of completion should be kept in the conservation district file.

After completion of the technical review and consultation with staff, the conservation district board shall make a determination on payment to the applicant. If approved, the conservation district chairman shall sign and date the document.

Certification and Maintenance Agreement

This section reverts to the applicant to certify and agree to the terms of the contract.

1. Check *yes* or *no* to the question of the applicant bearing all expenses of installation of practices. If the answer is *no*, then the applicant is required to document all outside contributions made other than his or her expenses and that of the program's cost share portion.

2. Performance Maintenance Agreement:

The technical staff shall provide and insert the number of years that this practice is required to be maintained within the text of the agreement. This information can be found within the practice descriptions in the *Kentucky Soil & Water Quality State Cost Share Handbook*. If multiple practices were installed, select the number of years for the longest practice life installed.

The applicant shall sign and date the agreement.

Final Payment Information

The fourth page of this form is for detailed practice information.

The technical staff shall complete this page in conjunction with district staff.

Enter the first and last name of the applicant, along with the contract identification number generated by the online system.

Enter the Practice Category selected for this operation. (Livestock-Pastureland, Cropland, etc.)

The practice components installed on this application shall be entered.

The SCS (NRCS) technical practice code, practice name, units installed, the initial estimated payment, the actual cost, and then actual program payment shall all be entered on this page. *Note:* when entering the SCS practice code, be sure to include the NRCS code plus the associated letter. Example: when fencing livestock out of a stream, that is SCS practice code 382A (not simply 382).

Document Use

This form shall be retained in conservation district office files for signatures, payment, and contract tracking; and sent to KDOC for funding requests. Official funding requests sent to KDOC shall include this completed form with all signatures, copies of all payment receipts, and any other supporting information regarding the request for reimbursement (i.e. modification approvals, etc.).

Please submit your payment request by the 15th or 30th of the month. Failure to submit all documentation showing that the practice has been completed will result in non-payment.

Please submit all payment requests to the KDOC email, conservation@ky.gov, and be sure to include in the subject line of the email that it is for a “State Cost Share Payment Request”.