

Mill Creek Cost-Share Program Application

Thank you for your interest in the Mill Creek Cost-Share Program. Please complete all sections of this application form and attach the required supporting documents.

Applicant Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

County: _____

Phone: _____ Email: _____

Project/Property Information:

Project Site Address (if different from mailing address):

Project Site Coordinates:

Is the property located within the program's designated area? See Program Description and Eligibility document for details.

☐ Yes ☐ No

Project Information:

Type of Project:

☐ Installation of Conservation Practice(s)

☐ Development of Land Management Plan

What is/are the NRCS Practice Number(s), Name(s), and life expectancy for the proposed Plan or Practice?

See Appendix 1 of the Program Description and Eligibility document for the types of plans and practices eligible for this program and their associated NRCS practice number and name.

Describe the need and goals for the proposed plan.

Describe the proposed project and your specific objectives:

Describe the expected management and water quality benefits of the proposed project:

Supporting Documentation:

Please attach the following:

- A map showing the location and boundaries of the proposed project site and plans.
- Any relevant project supporting materials (e.g., site photos, soil test results, existing plans).
- Proof of ownership or management authority (e.g., deed, lease agreement, or similar documentation).

Acknowledgements:

By signing below, I acknowledge and agree to the following:

- ☐ I have reviewed the program description and eligibility requirements document.
- ☐ I understand that project selection and approval must be completed before beginning project installation.
- ☐ I understand that funding is contingent on availability of program funds and is provided as a reimbursement, subject to program terms and conditions.
- ☐ I agree to allow H2Ozarks staff or program partners access to my property for an inspection after installation is complete.
- ☐ I give permission to H2Ozarks to use photographs and or video recordings of me and/or my property for promotional and outreach purposes. I understand that my participation is voluntary, and I may revoke this consent at any time by providing written notice. *This box does not have to be checked to receive the application.*

Printed Name: _____ Date _____

Signature: _____

Submission Instructions:

Submit this completed form and all other required documents (as listed on p 4-5 of the program description and eligibility document) to:

Ayla Grace, Program Manager, H2Ozarks, via email at ayla@h2ozarks.org or paper mail to 1200 W. Walnut Street, Suite 3405, Rogers, AR 72758.

If you have any questions, contact Ayla Grace at 479-866-7220 or ayla@h2ozarks.org OR Erin Scott at 479-841-0235 or erin@h2ozarks.org.