

PIKE COUNTY CONSERVATION DISTRICT  
COUNTY COST-SHARE APPLICATION

Name \_\_\_\_\_ SS Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Property Location \_\_\_\_\_

Practice Requested \_\_\_\_\_

Existing Problem \_\_\_\_\_

Expected Starting Date \_\_\_\_\_

Total Owned Acres of: Corn \_\_\_\_\_, Pasture \_\_\_\_\_, Hay land \_\_\_\_\_, Woodland \_\_\_\_\_,  
List Other \_\_\_\_\_

Total Head Of: Horses \_\_\_\_\_, Beef Cattle \_\_\_\_\_, Hogs \_\_\_\_\_, Goats \_\_\_\_\_  
Bees \_\_\_\_\_, Sheep \_\_\_\_\_ Other \_\_\_\_\_

A) I request cost-share assistance under the program to solve the problem(s) described above. I agree to install the requested conservation practice and related components to meet the specifications established. I also understand and accept responsibility for maintaining the cost-shared practice for the duration of the practice lifespan.

B) I agree not to start construction of the practice until I have received approval from the Conservation District Board and have secured the appropriate specifications and designs. I agree to refund all or part of the cost-share assistance paid to me as determined by the Conservation District Board, if, before the expiration of the specified practice lifespan, I (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the owner/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan.

- Lifespan of the practice(s), unless otherwise specified is 10 years.

- C) I certify that the property on which the cost-shared practice will be installed is property for which I have legal ownership and that the practice limits will not extend beyond my property lines.
- D) I understand that when completed with all the practice components I am to notify the Conservation District that the practice has been installed and submit all bills for expenses and pictures to the Conservation District for reimbursement. I further understand that reimbursement will be made following final inspection of the completed practice by an employee of the district or NRCS.
- E) I have been made aware that the cost-share rate for all approved practices is 50%. In other words, I will be reimbursed \$.50 (fifty cents) for every \$1.00 (one dollar) spent toward practice installation, provided the expenditure was for an item listed in the specifications and designs for a given conservation practice. I further understand that I may receive no more than \$1,500.00 (fifteen hundred dollars) in cost-share reimbursement for any single practice or combination of practices during any calendar year.

#### COST SHARE GUIDELINES FOR BEEKEEPING

- Cost share reimbursement rate for beekeeping is 50% up to \$500.00 maximum reimbursement per year. Cost share reimbursement is for materials and supplies only. Applications and reimbursements will be reviewed and approved at the board's discretion.
- F) I am aware that I receive \$600.00 or more during the calendar year in cost-share reimbursement, that I will receive an IRS form 1099 that will be reported to the IRS as miscellaneous income.
- G) I certify that I have read and understand all elements set forth in this application and agree to adhere to them unless mutually agreed to in writing between the Pike County Conservation District and myself.

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Applicant's Signature

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Date

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For Conservation District Use

\_\_\_\_\_ approved

\_\_\_\_\_ denied

\_\_\_\_\_ AWQP

\_\_\_\_\_  
Practice completed

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Date Paid

Check Number

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Chairman

Date

Return applications for approval to:

Pike County Conservation District

115 Zebulon Heights

Pikeville, Ky 41501

606-432-4695

606-637-4695 fax

Email: [pike.conserve@yahoo.com](mailto:pike.conserve@yahoo.com)

- FENCING FOR LIVESTOCK
- LIVESTOCK WATER FACILITIES
- EROSION CONTROL
- LIME AND FERTILIZER
- PASTURE AND HAYLAND PLANTING
- FEED PADS
- BEEKEEPING
  - Equipment (including wooden ware)
  - Seeds (clovers, buckwheat, and others)
  - Bear fencing (electric)
  - Feeds (sugar, pollen substitute)
- FORESTLAND CONSERVATION
- WILDLIFE HABITAT