

**Great Miami River Watershed
Water Quality Credit Trading Program**

A. Project Location and Background Information

- 1. SWCD Name _____
- 2. Contact Name _____
- 3. Project Name _____

(county-state fiscal year-recipient's last name)

- 4. Check appropriate title of Recipient: Owner Operator* Owner/Operator

* If Recipient is operator only, the owner is also required to sign the Project Application and Project Scope of Services.

- 5. Name of recipient _____
- 6. Street address _____
- 7. City, State, Zip _____
- 8. Telephone number _____
- 9. E-mail (if applicable) _____

10. An aerial photo or map that shows project location and nearest waterbody must be included in the application.

11. Address (if different than above): _____

12. Latitude _____ 13. Longitude _____

13. Name of the nearest waterbody protected by the proposed project: _____

14. 11-digit watershed number _____

15. Type of operation (check all that apply): Cropland Silviculture Livestock Other If Other, please describe: _____

16. Is there a Watershed Action Plan for this watershed? Yes No

17. Who is the plan sponsor? _____

18. Endorsed? Yes No If YES, does the project address an issue identified in the plan? Yes No

19. Is there a TMDL for this watershed? Yes No

20. Status of technical assistance provided to date (please check all that apply):
 Initial investigation I & E Survey Design Conservation plan Self-Assessment

21. Is there a permanent farmland or conservation easement on the property at the site where the proposed project will be installed? Yes No

22. Has the recipient previously received cost-share? Yes No

If YES, did they meet all the requirements of the previous project agreement? Yes No

If NO, please explain. _____

B. EQIP Eligibility

1. Has the Recipient exceeded their \$450,000 Payment Limitation? Yes No
2. Has the Recipient exceeded the Adjusted Gross Income provision? Yes No
3. Is the Recipient in compliance with the Highly Erodible Land (HEL) and Wetlands Conservation provision? Yes No

C. Potential Ancillary Benefits resulting from the Project

Check all that apply

- Other pollutants reduced Bank erosion reduced Habitat improved Shade increased
 Flow velocity decreased Wetlands created Floodplains created and/or preserved Other

If Other please explain: _____

D. Calculate load reductions from proposed practices

1. Printouts from the load reduction software must be attached to this application.

E. Project Activities

1. List the name of each Practice	# of acres in each practice	Calculated Annual Load Reduction (in pounds) TP	Calculated Annual Load Reduction (in pounds) TN	Project Duration after installation (years)
TOTALS				
TOTAL ANNUAL POUNDS = (Total TP +Total TN)				
TOTAL POUNDS over PROJECT DURATION = (Total Annual Pounds X # of years)				

2. List SWCD Staff activities in relation to installation, maintenance, and annual inspection.	Hours	X \$25	TOTAL
		X \$25	
		X \$25	
		X \$25	
		X \$25	
		X \$25	
		X \$25	
SWCD STAFF ACTIVITY TOTAL		X \$25	

F. Project Budget

FUNDS REQUESTED

Funds paid to Recipient	\$
Funds paid to SWCD Staff	\$
TOTAL FUNDS REQUESTED	\$

COST PER POUND (BID) = (Total Funds Requested divided by Total Pounds over Project Duration)

The COST PER POUND number is your unit price bid. This number is used to rank this application against other applications in this funding round.

G. Approval

Soil and Water Conservation District approval

I certify that this project will comply with all local, state, and federal regulations.

Submitted by: _____
(District Administrator or Designee of Board of Supervisors)

If necessary: Owner approval

I certify that I plan to continue rent or lease the identified land to the identified operator(s) for the length of the submitted Trading Program contract period.

Submitted by: _____
(Owner of the property where the project is located)