



## **West Greeley Conservation District**

### **Riparian Area Grazing Management Application**

#### *Provisions and Applicant Certification*

The West Greeley Conservation District offers a program to assist with the cost of fencing a riparian area for improved grazing management within the riparian area to promote improved water quality and rangeland health.

Riparian area: An area with distinctive soil and vegetation between a stream or other body of water and the adjacent upland; includes wetlands and those portions of floodplains and valley bottoms that support riparian vegetation.

I would like to participate in West Greeley Conservation District's (WGCD) Riparian Area Grazing Management Cost Share Program. I understand and agree to the following terms:

1. All fences to be cost-shared must currently be on land within the WGCD.
2. All fences to be cost shared must be approved by the WGCD, and be installed in accordance with the Natural Resources Conservation Service's (NRCS) standards and specifications to allow for management of grazing on or within riparian zones.
3. No representation is made by WGCD as to the existence or non existence of underground hazards. Landowners are responsible for location of underground utilities, as well as supplying WGCD personnel with the UNCC reference number for your project, at least 2 days prior to construction. Utilities that participate in the Utility Notification Center of Colorado (UNCC) can be notified at 1-800-922-1987.
4. Landowners are responsible for building and maintaining the fence.
5. The district will cost share 25% (not to exceed the USDA's Weld County cost docket per foot) of the cost of the fence up to a maximum of \$5,000 per landowner. Any additional costs will be the sole responsibility of the landowner.
6. The intent of the program is to compliment an NRCS, EQIP, or DOW management plan.
7. The landowner will be paid after the fence has been installed and inspected by the District or NRCS, and submits a copy of their SSN or Tax ID and an itemized bill.
8. Program cost share will not exceed 100% of cost when used in combination of other programs or insurance payments.

I certify that I have read and understand the program provisions listed above.

Applicant's printed name \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

UNCC reference number \_\_\_\_\_

Date \_\_\_\_\_

WGCD personnel \_\_\_\_\_

Date \_\_\_\_\_