



Clinton County Soil & Water Conservation District

1780 N 4th St Breese IL 62230 Phone 618-526-7815, Ext. 3

Partners for Conservation Cost-Share Application

Date: _____

Mark here if Land Owner is the same as Applicant:

Applicant: _____

Land Owner: _____

Address: _____

Address: _____

City, ST, Zip: _____

City, ST, Zip: _____

Phone: _____

Email: _____

Would you like to be receive email updates about District programs? Y / N

Check person to receive payment: Applicant Landowner

Please note: The Payee will have to fill out an IRS W-9 form, providing their SSN (or FEIN, if entity) at the time of funding approval. They will also receive a 1099-G form if the payment amount is over \$600.

Location Information

Township: _____ Farm #: _____

Range: _____ Tract #: _____

Section: _____ Field #(s): _____

Acres: _____

Farming & Tillage Information

Check here if double-crop system:

Crop Rotation:	Cash Crop 1: _____	Cash Crop 2: _____	Cash Crop 3: _____
Primary Tillage Practice: (Ex// conventional, no-till, chisel)			
Additional Tillage Practice(s) (Specify Fall/Spring)			
% Residue after harvest:			

Project Requested

New Practice? Yes No

Cover Crops
Practice Type?: _____

Well Decommissioning
*see back for additional application requirements

No Till/Strip Till
 Conservation Cover (Pollinators)

Pasture Hayland Plant
 Critical Area Planting

Filter Strips

Other: _____

There is no guarantee of funds associated with the Partners for Conservation Cost-Share Program. Applications must be ranked and deemed eligible for funding.



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Well Decommissioning Additional Application Requirements:

Exact Well Location (GPS Coordinates): _____

Sealing Permit Number from County Health Department: _____

The District must also be provided with copies of the following documents **before the application can be approved:**

- Application to Seal and Abandoned Well
- Water Well Sealing Plan (WDP-1A)