



# Tile Maintenance Assistance Program Landowner Application/Participation Agreement

**Blow Holes**

**Rip-Rap**

**Breathers**

**Outlet Pipe**

\*Please check all that apply.

## A. Applicant Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Property Address if different than above:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*List additional addresses if applicable:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above named applicant hereby agrees to take part in the Tile Maintenance Assistance Program offered by the Madison County Soil & Water Conservation District (SWCD). The applicant fully understands that his/her participation is subject to the following provisions of this agreement.

- 1. THIS APPLICATION MUST BE APPROVED BY THE MADISON COUNTY SWCD BOARD OF SUPERVISORS PRIOR TO PARTICIPATON IN THE ASSISTANCE PROGRAM.** *(You may submit an application for a practice that is slated to be completed before the next subsequent board meeting, but there is no guarantee that the application will be approved.)*
2. The applicant certifies that he/she has control of the property on which the practice is implemented.
3. The applicant certifies that the tile being maintained is a privately owned tile. *(Cannot be a County Maintained Tile)*
4. The applicant agrees to follow the guidelines and application process established by the Madison County SWCD Board of Supervisors for the program within the time frame indicated.
5. The Madison County SWCD Board of Supervisors will have final approval of all applications for program assistance. If participation exceeds allowable funding, applications will be prioritized according to the severity of the project based on the effects of the environment.

## Tile Maintenance Assistance Program Landowner Participation/Application Agreement *(cont.)*

**C. Program Information** (to be filled out by SWCD)

Tract # (if applicable)	Required Tile Maintenance	Number	Estimated Cost	Funds Approved
<b>Estimated Assistance Amount</b>				

I have received the appropriate guidelines and agree to the Participation Terms and Conditions along with the Program Information for the Tile Maintenance Program I am applying for. **(Please return signed application to Madison County Soil & Water Conservation District at 182 W. 300 N., Suite D Anderson, IN 46012 by December 13, 2019).**

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**D. Recommendation for Application Approval**

Technical Verification: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Madison SWCD Board: \_\_\_\_\_ Date: \_\_\_\_\_  
*(SWCD Chairman or designated supervisor)*

**E. Approval for Payment of Assistance Funds**

Approved for assistance payment in the amount of..... \$ \_\_\_\_\_

Technical Verification: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Madison SWCD Board: \_\_\_\_\_ Date: \_\_\_\_\_  
*(SWCD Chairman or designated supervisor)*

NOTES: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_