



## 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 District 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)**

**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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