

GRASSED WATERWAY AGREEMENT
Huron S.W.C.D. ~8 Fair Road~Norwalk, OH 44857
419-668-4113 #3 Fax: 419-663-8405
North Central Ohio Sediment Reduction Grant
This project is funded by GLNPO through USEPA

Applicant Printed Name _____
Date Received _____

Purpose

To reduce sedimentation in the Great Lakes Basin through promotion of grassed waterways in one of the nine subwatersheds of the Huron and Vermilion River Watershed HUC 04100012: Clear Creek, Southwest Branch Vermilion River, East Branch Vermilion River, Chappel Creek, Old Woman Creek, Marsh Run, West Branch Huron River, Frink Run, and Norwalk Creek

Target Audience

Producers who crop land in one of the nine priority subwatersheds listed above.

Goal

To cost share 80% of eligible grassed waterway components based on approved allocation and actual expense on 10 acres of grassed waterway by 2014

Eligible Component

Grassed Waterway

Requirements and Limitations

- One time payment not to exceed 80% of actual cost of eligible grassed waterway components and allocation.
- Must maintain all components and grassed waterway design width and integrity for ten years.
- Follow NRCS standard 412 and eligible component standards.
- Application must be approved by the Huron S.W.C.D. Board of Supervisors or District Manager.
- Must be constructed and seeded by September 15th.
- Final construction and seeding must be inspected and approved by local SWCD or NRCS.
- Applicant agrees to place grant sign at visible location of practice.
- It is the applicant's responsibility to beware of crop insurance rules, other program conflicts ie Conservation Security Program, Conservation Reserve Program, and affects to crop base, crop history or any rule that may affect the applicant adversely by installing a grassed waterway.
- If title to the land containing these practices is sold or transferred to another person or entity, it shall be my (our) responsibility or my (our) designated representative's responsibility to advise the new owner that this agreement exists. Should the new owner(s) not agree in writing to properly maintain the practice(s) I (we) shall be subject to repay the full amount of grant monies that I (we) have received. Maintenance of the practice(s) during the life span of this contract is the full responsibility of the recipient(s) of these funds.

Implementation checklist

- Read and complete both sides of this application and all required attachments and sign.
- Attach soils maps and aerial photographs showing the tracts and area for the construction of the waterway.
- Return the application and attachments to the local SWCD or Huron S.W.C.D., 8 Fair Road, Norwalk, OH 44857.
- The Huron S.W.C.D. Board of Supervisors will act on your application at the next board meeting.
- The Huron S.W.C.D. will notify you of their decision.
- A conservation plan following NRCS will be developed by the local SWCD or NRCS and implemented by the applicant.
- Following approval by the Huron S.W.C.D. Board of Supervisors and completion of an engineering plan and conservation plan, you may implement the Best Management Practice (B.M.P.), tracking all expenses for reimbursement.
- Report completion to Huron S.W.C.D.
- Payment will be made after final construction approval and submission of bills.

Trafficking Victims of 2000

Prohibition Statement - You as the recipient, your employees, subrecipients under this award and subrecipients' employees may not engage in severe forms of trafficking in persons during the period of time that the award is in effect; procure a commercial sex act during the period of time that the award is in effect; or use forced labor in the performance of the subaward under the award.

I have read and understand all components of the Grassed Waterway Agreement. Signatures of both the applicant and the Huron S.W.C.D. constitute a agreement. I hereby waive all provisions of the law forbidding disclosure of any information which is relevant to this application and I hereby consent that such information be disclosed. I understand that failure to comply with this agreement may subject me to repayment of grant funds received. Furthermore, I accept full responsibility for any adverse affects to cropping history for the purpose of enrollment into future Farm Bill Programs.

Signature _____ **Date** _____

Applicant Information:

NAME _____

ADDRESS _____

CITY _____ COUNTY _____ TOWNSHIP _____

ZIP _____ HOME PHONE _____ CELL _____

SOCIAL SECURITY # OR TAX ID for 1099 purposes _____

OWNER _____ OPERATOR _____ PARTNERSHIP _____

How many acres do you operate in the watershed _____

CROP ROTATION _____

TILLAGE _____

FARM _____ TRACT _____ FIELDS _____

Office will determine:

Latitude _____ Longitude _____ Priority Subwatershed _____

Acres devoted to the practice. _____

To be completed when _____

Approval Status:

Allocated \$ _____ per acre X _____ acres = \$ _____

Approved _____ Yes _____ No

Huron S.W.C.D. Board Supervisor _____ Date _____

Certification of practice completed:

Applicant Date

District Administrator Date

Check _____ Date Paid _____

“An Equal Opportunity Provider and Employer”