

PFC-1 Partners For Conservation Application/Payment Form <small>VERSION 22.0</small>	Fiscal Year	Approval Yes _____ No _____
	PFC	Date Approved: _____
	SPECIAL	Start/End Date: _____
	INTEREST	Amendment Date: _____
STAR Form		

SWCD: _____ Application No. _____ Application Date: _____

APPLICANT Check box of person to be paid **LANDOWNER**

Name: _____ Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone: _____ Phone: _____

Project ID	GPS Coord. (dec./ deg.) Latitude / Longitude	Farm, Tract, Field ID ex. F123, T4, FID5	12-digit HUC	1/4 Sec.	Sec.	TWP N or S	Range E or W	P.M.
1								

Application/Section						Payment Section		
(A) Project ID	(B) Practice Code	(C) Practice Components	(D) Estimated Units	(E) Average Cost/Unit	(F) Estimated Cost Dx=E=F	(G) Installed Units	(H) Total Avg. Cost ExG=H	(I) Actual Cost
		Maintain soil loss below T.		0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
Totals						0.00	\$ -	\$ -
Project ID 01	\$ - 60%		\$ -			\$ - 60%		\$ -
	Estimated Cost X Cost-Share % =		Estimated Payment			Average Cost or Actual Cost X Cost-Share%		Payment Amount
Project ID 02	\$ - 60%		\$ -			\$ - 60%		\$ -
	Estimated Cost X Cost-Share % =		Estimated Payment			Average Cost or Actual Cost X Cost-Share %		Payment Amount
Project ID 03	\$ - 60%		\$ -			\$ - 60%		\$ -
	Estimated Cost X Cost-Share % =		Estimated Payment			Average Cost or Actual Cost X Cost-Share %		Payment Amount
Total Estimated Payment						\$ -	Total Payment	
						\$ -	\$ -	

I hereby certify that the materials, labor and equipment listed above were used in installing the above-referenced conservation projects and no items or costs listed above have been included on another claim for payment under this agreement or as a claim under any other cost-share program. I understand the payment amount is based upon the actual cost not to exceed the average cost on a per project basis, and that I am entitled to no more than the stated percentage of the lesser amount.

Check Here if Maximum Payment

Check Payable to (Please Print) **Cost-Share Payment** Landowner Contribution Participants Completion Certification Date

\$ - \$0.00

SWCD CERTIFICATION The Directors of the _____ County SWCD, certify that the receipts and costs incurred are correct and that all items listed were necessary and authorized.	TECHNICAL CERTIFICATION I hereby certify that the claimant did apply all agreed upon projects and they are installed properly and adequately according to technical specifications required.
SWCD Board Chairman/Designee _____ (Date)	Technician's Signature/Title _____ (Date)