BCWP Contract #:_____

Bow Creek Watershed Project

Best Management Practice Application

Property Physical Address: _____

County: _____ Include aerial map: _____

Legal description: _____

Applicant Name(s): _____

Applicant Address: _____

Applicant Phone Number: (Home) _____ (Cell) _____

Email Address: _____

Farm Operator Name, (If different than above): _____

Farm Operator Address, (If different than above): _____

Operator Phone Numbers: (H) _____ (C) _____

Email Address: _____

☐Aerial photo included with field location indicated

What Best Management Practices will be included in your plan and how many acres will they be applied to? *EX: No-till 200 acres: Cover Crop 50 acres*

Year	Practice	Acres	Year	Practice	Acres
2021-23	Ex: No-till	200 Acres	2021	Ex: Cover Crop	50 Acres
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	

Please answer the following questions before turning in the application, or bring to the LCNRD so the Bow Creek Watershed Coordinator can assist in completing the application.

How will incorporating the identified Best Management Practices improve water quality over the next three years? _____

BCWP Contract #:_____

_____

_____

_____

_____

How do you anticipate farm finances / soil and water / or other resource concerns will be addressed with the implementation of the practice(s) listed above? _____

_____

_____

_____

_____

_____

_____

What will help you continue this practice long term (after LCNRD/NRCS/FSA contract expires)? _____

_____

_____

_____

_____

_____

_____

What is your comfort level with implementing the practice(s) listed above? ☐Low ☐Medium ☐High

What technical assistance do you anticipate needing? _____

_____

_____

_____

_____

_____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

BCWC Signature: _____ Date: _____

BCWP Contract #:_____

Bow Creek Watershed Project

Best Management Practice Administration

☒ LCNRD/NRCS/FSA Contract number: _____Start Date: _____

☐ BCWP Application Approved ☐ BCWP Application Denied: Reason_____

Contract Authorization _____ Approval Date:_____

☒Approval or Denial Letter Sent - Date_____

☐ W9 completed and returned Payment to be made out to: _____

Total BCWP Payment $_____

Notes: _____

_____

_____

☐Incentive Payment of $_____ Date issued / Check #: _____

Payment Authorization: _____ Date:_____

☐ Educational Payment of $_____ Date issued/ Check #: _____

Payment Authorization: _____ Date:_____

☐Educational Requirements met: 6 hours required

Educational event(s) attended with date:

_____

_____

_____

_____