



For internal DSWC use only

Tracking #: _____

Contract #: _____

DIVISION OF SOIL AND WATER CONSERVATION
North Carolina Department of Agriculture & Consumer Services
1614 Mail Service Center • Raleigh, NC 27699-1614
919.733.2302 • www.ncagr.gov/swc/

APPLICATION FOR MATCHING FUNDS FOR SOIL & WATER CONSERVATION DISTRICTS

Complete and send 1 notarized original and 1 copy to the address above; keep a copy for your file

SWCD Name: _____
Federal ID Number for entity that will receive payment: _____
Address for entity that will receive payment: _____

I. APPLICATION:

Soil and Water Conservation District, _____ County.

Within the limits of appropriations by the N.C. General Assembly, the _____ Soil and Water Conservation District requests \$3,600 to match funds provided by the County to the Soil and Water Conservation District.

I certify that the matching funds received in the previous fiscal year (July 1st, 20____ to June 30th, 20____) were used according to NC Soil and Water Conservation Commission (SWCC) policy. I also certify that funds requested for the current fiscal year will be used in keeping with SWCC policy.

(Date) _____ (Soil and Water Conservation District Chairman)

II. CERTIFICATION:

I hereby certify that the _____ County Board of Commissioners has approved an appropriation of (\$ _____) to the _____ Soil and Water Conservation District for soil and water conservation work during the current fiscal year, July 1st, 20____ to June 30th, 20____. This figure only includes the local County investment in the Soil and Water Conservation District program (takes into account the full appropriation for the Soil and Water Conservation District, minus any anticipated state matching funds and Technical Assistance dollars), and does not include local funds that will be used as a match for other state dollars (any local funds that will be used to match state Technical Assistance dollars have also been subtracted).

(Date) _____ (County Finance Officer)

Sworn to and subscribed before me _____
(Notary Public)

This the _____ day of _____, 20____

My Commission Expires: _____

III. APPROVAL:

The above application is APPROVED for _____ dollars (\$_____).

The above application is DISAPPROVED.

(Date) _____ (DSWC Director)