



Harrison County Conservation District
Local Cost Share Application
103 Rodgers Park Drive
Cynthiana, KY 41031
859-234-5876 ext. 3

Backyard Conservation Program

The purpose of this program is to help Cynthiana/Harrison County homeowners promote the wise use of our soil and water resources. Rain barrels are an effective way to manage storm-water runoff and reduce the amount of pollutants that end up in our waterways; as well as reduce the demand on municipal water supplies because the water they store can be used for watering flowers, gardens and lawns, even in times of drought. Compost Bins are a great way to decrease the amount of yard trimmings and food waste going into landfills. Compost is a soil conditioner made up of decomposed organic material; it improves the soil's physical condition and fertility, and as a result improves aeration, root penetration, and water infiltration. Other conservation items may qualify for cost share such as: raised garden beds, bee hives, rain gardens, pollinator gardens, etc.

Eligibility

- 50/50 Cost Share Rate not to exceed \$200.00 (reimbursed 50% of expenses, up to \$200)
- One application per household

Requirements

- Application must be approved before starting project
- Project must be completed and receipts turned in by June 7, 2024
- Items may be purchased or constructed independently.
- Notify district when project is completed for a checkout, prior to reimbursement
- Submit receipts for payment request

Applications accepted until April 5, 2024; to be returned to the conservation district office at 103 Rodgers Park Dr. (USDA Service Center), Call Kayleigh Evans at 859-298-5932 or email at Kayleigh.evans@ky.nacdnet.net for any questions.

Applicant Information, all areas required.

Name (Please Print): _____ Phone#: _____

Address: _____ City/Zip: _____

Email: _____

Planned Conservation Project Request: _____

I agree to the terms outlined above:

Applicant Signature

Date

Conservation District Signature

Date Received

App #

For Office Use Only

Amount Spent: \$ _____ Eligible Reimbursement (50% /\$200): \$ _____

Check # _____ Received by: _____ Date: _____