



2024-2025 Soil, Water, Plant, Manure, etc. Analysis Cost Share Program and Procedures

Providing leadership in conserving the natural resources in Weston County by providing information, education, and technical assistance to meet the needs of our users

This cost share program is available to any district member, but due to the manner in which the District was initially created, not all landowners within Weston County are in the District. If you are not sure if you are in the District, please contact the District office for assistance.

General Program Objectives

This program provides incentive for residents to understand their natural resources by cost sharing on expenses for analysis at recognized analytical labs.

Project Examples

- Soil analysis for gardens or crops, for nutrient information or contamination
- Potable/Irrigation/Livestock water analysis
- Trace metals in water
- Forage analysis for nutritional value
- Manure analysis for livestock health and nutrition analysis
- *And much more!*

Ineligible Project

- Any analysis on a third party's property without their written permission

Funding

The Cost Share program matches up to 50% of project costs. This is a reimbursement of cost paid to the applicant after the project is complete.

- Maximum match is 50% of project cost, up to \$200.00.
- Soil, water, and plant Analysis Cost-Share request with a 50% match of over \$200.00 may be applied for with the Conservation Cost Share program
- Applicants can apply once per calendar year (*January 1st to December 31st*)

Criteria for Cost Share

For a project to be eligible for WCNRD cost share funds, a project must:

- Clearly meet objectives of this program.
- Be approved by WCNRD staff before samples are taken to lab.
- Be fully completed within one year of approval.
- Be approved on a first-come, first-served basis.

Program Procedures

1. Self-assessment: does your proposed project meet the objectives of this program?
2. **Contact WCNRD staff to determine if project meets the criteria.**
3. Select a lab, get cost estimates, and apply for cost share.
4. WCNRD staff reviews and authorizes Application/Agreement.

5. Complete work as described in the Application/Agreement.
6. Turn in: 1) receipts; 2) reimbursement worksheet 3) tax form, if required; and 4) signed Agreement Completion Certification.
7. WCNRD Board of Supervisors reviews completed project and authorizes reimbursement.
8. You should receive reimbursement check by mail within 15 days of monthly board meeting.

THE WCNRD BOARD OF SUPERVISORS RESERVES THE RIGHT TO DECIDE WHETHER PROPOSED COSTS ARE REASONABLE AND WHETHER A PROJECT DESIGN IS APPROPRIATE.



2024-2025 Conservation Cost Share Program Application and Agreement Form

1225 Washington Blvd, Suite 3, Newcastle, WY 82701

307.746.3264 x4

westoncountynrd.org

Is the property where the project will be completed in the District? **Yes** _____ **No** _____
If no, would you like to join the District? **Yes** _____ **No** _____ If no, the project is not eligible for the cost share program.

Applicant Name and/or Organization _____ Date _____

Primary Contact's Name _____ Phone # _____

Email Address _____ Alt Phone # _____

Mailing Address _____

Project Name/Site _____ Address/Location _____

*Do you own or rent

Project category (check those that apply)

- Water potability (bacteria and salts, nutrients)
- Water for irrigation/livestock (salts)
- Soil for gardening (soil nutrients)
- Other (specify) _____
- Forage nutrition (i.e.: protein in hay)
- Trace/heavy metal in soils
- Trace/heavy metal in water
- Manure sampling for livestock health and nutrition

Justification for project – State the situation leading to your need for analyses:

Estimated project total: \$ _____ **Attach detailed budget** – *WCNRD does not cost share on the sales tax*

50% cost share request: \$ _____

Staff comments:

- Public benefit: conservation of natural resources protection of the tax base
- promotion of health/safety of citizens

**If the project will be completed on leased or public ground (i.e. state, BLM, Forest Service), a letter from the landowner or appropriate agency approving the project is also required.*

Agreement

I affirm that the application information provided is accurate, to the best of my knowledge, and I have read and understand the Cost Share Program Agreement.

_____ Date: _____
Signature of Applicant

_____ Date: _____
Signature of Landowner (if Applicant is Lessee/Renter)

_____ Date: _____
Application Approval by WCNRD Staff

PURCHASES MADE BEFORE APPROVAL MAY NOT BE ELIGIBLE FOR COST SHARE!
PLEASE NOTE THAT COST SHARE FUNDS MAY BE SUBJECT TO FEDERAL INCOME TAX!

Agreement Completion Certificate (must be signed prior to payment)

I hereby certify that implementation of the conservation practices proposed in the Application/Agreement have been completed according to the Objectives and Criteria of this program as of the date shown below. The receipts I provided reflect the true cost of implementing the project authorized.

Signature of Applicant Date

Signature of Landowner (if Applicant is Lessee/Renter) Date

Project confirmed by WCNRD staff Date

Date Reimbursement Approved: _____