

# Conservation Cost Share Application

Williams County Soil Conservation District

# 2026



**Williams County Soil Conservation District**  
**1106 2<sup>nd</sup> Street West**  
**Williston, ND 58801**  
**701-572-6729 ext. 3**

## Williams County Soil Conservation District Cost Share Program Application

- Wells
- Pipelines
- Tanks
- Fences
- Grass seeding
- Erosion control
- Soil health
- Wind breaks
- Gated pipe
- Cover crops
- Any other conservation practice that enhances the Natural Resources in Williams County



## Policy and Procedures

CHAIRMAN:

VICE CHAIRMAN:

### A. Introduction

Williams County Soil Conservation District (WCSCD) has created a cost share program.

This project is re-evaluated every year and may not be available year to year.

### B. Goals and Objectives

Provide financial assistances for natural resource improvements within Williams County.

### C. Policies and Procedures

The Williams County Soil Conservation District's financial assistance will be guided by the following polices:

1. Available to any private sector landowner with property in Williams County
2. Practices that benefit the Natural Resources of Williams County are eligible
3. Only on the ground projects are eligible (studies or research projects will be considered at the conservation district boards discretion)
4. Design standards and specifications will follow Natural Resource Conservation Service (NRCS) where applicable. Cost Share assistance from the Conservation District would be based off NRCS Payment Rate and limited to \$5000.
5. Applications will be accepted based on the availability of funds. Applications will be ranked, and contracts awarded after the approval of the board. Applicants may be interviewed by committee prior to ranking. Additional signups may be conducted based on availability of funds.
6. Proposed practices must be completed within one year of approval. Payment will be issued upon completion of project. Projects will be inspected before cost share is allocated.
7. Projects started prior to a signed contract are not eligible for cost share.
8. WCSCD Board of Supervisors will make all decisions on prioritizing and funding of applications
9. Funding is limited to \$10,000 per applicant in a 5 year period.
10. I (we) certify that I (we) have not applied for and/or received any other cost share assistance for the same or similar conservation practice(s) on the land description in this application within the past 5 years. If so, you may not be eligible for this program, but please explain the previous cost share assistance on the last page of this application for further consideration.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

WILLIAMS COUNTY SOIL CONSERVATION DISTRICT  
1106 2<sup>nd</sup> Street West Williston, ND 58801  
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## **2026 COST-SHARE APPLICATION**

***Application Deadline: Subject to availability of funds***

***Fill out all questions completely including proposed costs. Incomplete applications will not be processed. A sketch or plan map must accompany each application with the location of each proposed practice clearly indicated on it.***

Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_

Address if different from applicant \_\_\_\_\_

\_\_\_\_\_  
Landowner and/or lessee name, address, telephone (if other than applicant)

### **PROJECT INFORMATION**

#### **Location:**

\_\_\_\_ ¼ , \_\_\_\_ ¼ , \_\_\_\_ ¼ , Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_ Nearest Town \_\_\_\_\_

**# of Acres project benefits** \_\_\_\_\_ acres. (Total acres impacted by project)

**\*Brief Project Description** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*PROJECT BENEFITS:** Which natural resources will be benefited and how will they be benefited?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*List other conservation measures that will be employed to complement the project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Public Benefit: How does your project benefit the public?

\_\_\_\_\_

\*Describe the consequences to soil & water resources if this project is not funded.

\_\_\_\_\_

\_\_\_\_\_

**Proposed Practices (check all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Streambank/shoreline protection                                       | <input type="checkbox"/> Wildfire rehabilitation     | <input type="checkbox"/> Pest mgmt/weed control       |
| <input type="checkbox"/> Stream channel stabilization  | <input type="checkbox"/> Grass/forb seedings         | <input type="checkbox"/> Wildlife habitat improvement |
| <input type="checkbox"/> Spring development  | <input type="checkbox"/> Fencing for livestock mgmt. |   |
| <input type="checkbox"/> Rubber water diverters to minimize pasture and rangeland road erosion | <input type="checkbox"/> Wetland restoration         |   |
| <input type="checkbox"/> Grassed waterways   | <input type="checkbox"/> Stock water pipeline        | <input type="checkbox"/> Trough or tank (stock water) |
| <input type="checkbox"/> Restoration and improvement of native plant communities               | <input type="checkbox"/> Cover Crops                 |   |
| <input type="checkbox"/> Irrigation delivery ditch upgrade                                     | <input type="checkbox"/> Wells                       | <input type="checkbox"/> Other                        |

**COST OF PROJECT (cost breakdown required per practice):**

<u>Practice Description</u>	<u>Unit Amount</u>	<u>Cost per Unit</u>	<u>Total Cost</u>
A) _____	_____	_____	_____
B) _____	_____	_____	_____
C) _____	_____	_____	_____
D) _____	_____	_____	_____
Total Project Cost \$			_____

Amount Requested from District \$ \_\_\_\_\_

*(Pay Rate is based off of NRCS Specs, with a maximum of \$5,000/per contract)*

Have you received any other cost share funds in the last 5 years? Yes No (Circle)

Please explain \_\_\_\_\_

Contribution from other sources \$ \_\_\_\_\_

List other sources: \_\_\_\_\_

**SIGNATURE:**

I (we) hereby declare that the information, and all statements attached to this application are true, complete, and accurate to the best of my (our) knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor (if applicable) \_\_\_\_\_

**Use extra paper if necessary. Be as detailed as possible. Include map with as details marked on map.**

**WILLIAMS COUNTY SOIL CONSERVATION DISTRICT**