



## ***Laramie Rivers Conservation District***

### **Soil, Water, and Plant Analysis Cost Share Program**

#### 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.

#### **Who is Eligible:**

Albany County residents, businesses, and landowners

#### **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

#### **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 \$250.00.
- Soil, water, and plant Analysis Cost-Share request with a 50% match of over \$250.00 may be applied for with the Rural Cost-Share program
- Applicants can apply once per calendar year (January 1<sup>st</sup> to December 31<sup>st</sup> )

#### **Criteria for Cost Share**

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

- Clearly meet objectives of this program.
- Contact LRCD staff to discuss your objectives and what kind of analyses may be needed.
- Be approved by LRCD staff before samples are taken to lab.
- Be fully completed within one year of approval.
- Be approved on a first-come, first-served basis.

*The Laramie Rivers Conservation District offers all programs and services on a non-discriminatory basis, without regard to race, color, national origin, sex, religion, age, disability, political beliefs, or marital and familial status.*

*Laramie Rivers Conservation District, 793 Huron St, Laramie, WY 82070 Phone (307) 395-3230*

*Email: [info@lr.cd.net](mailto:info@lr.cd.net)*

## **Application and Program Procedure**

1. Self-assessment: does your proposed project meet the objectives of this program?
2. **Contact LRCD staff to determine if project meets the criteria.**
3. Select a lab, get cost estimates, and apply for cost share.
4. LRCD 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. LRCD 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 LRCD BOARD OF SUPERVISORS RESERVES THE RIGHT TO DECIDE WHETHER PROPOSED COSTS ARE REASONABLE AND WHETHER A PROJECT DESIGN IS APPROPRIATE.

*Laramie Rivers Conservation District*  
**Analysis Cost Share**  
**Application and Agreement Form**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Or Company Name: \_\_\_\_\_ Represented by: \_\_\_\_\_  
(Name/Title)

Mailing Address: \_\_\_\_\_

Project address if different: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you own  or rent

**Project category (check those that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Water potability (bacteria and salts, nutrients) | <input type="checkbox"/> Forage nutrition (i.e.: protein in hay) |
| <input type="checkbox"/> Water for irrigation/livestock (salts)           | <input type="checkbox"/> Trace/heavy metal in soils              |
| <input type="checkbox"/> Soil for gardening (soil nutrients)              | <input type="checkbox"/> Trace/heavy metal in water              |
| <input type="checkbox"/> Other (specify) _____                            |  |

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

**Estimated project total: \$**

**Attach detailed budget-LRCD does not cost share on the sales tax**

**50% cost share request: \$**

Staff comments:

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

**APPLICATION AND APPROVAL**

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

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

\_\_\_\_\_  
Application Approval by District Staff Date: \_\_\_\_\_

**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 LRCD staff Date

Date Reimbursement Approved: \_\_\_\_\_