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Fayette County Conservation District
 141 Leestown Center Way, Suite 210
 Lexington, KY 40511
 www.kyfccd.com

2022 Backyard Conservation Cost Share Application

This program offers a 50/50 reimbursement up to \$200.00 to assist Fayette County homeowners in establishing, enhancing, restoring and/or maintaining a backyard conservation project. The purpose of this program is to promote the wise use of soil and water resources.

Eligibility & Requirements:

- Limit of ONE application per household
- Funds offered on a first come, first served basis
- 50/50 reimbursement up to \$200.00 back
- Any Fayette County resident is eligible to apply (renter or owner)
- Application must be approved before starting project
- Project must be completed 60 days after approval
- Legible RECEIPTS and photographs of completed project must be submitted 60 days after approval

PLEASE MAKE SURE APPLICANT INFORMATION IS LEGIBLE, COMPLETE, and CURRENT:

Name: _____ Date: _____

Address: _____

EMAIL: _____ Phone: _____

PLEASE SELECT YOUR PROJECT GOALS:

- | | |
|--|---|
| <input type="checkbox"/> Install Rain Barrel
<input type="checkbox"/> Plant or Expand Rain Garden
<input type="checkbox"/> Add Compost Bin/Composter
<input type="checkbox"/> Build, Expand or Amend Raised Garden Bed/Garden Plot
<input type="checkbox"/> Build or Repair Greenhouse
<input type="checkbox"/> Stream Bank Stabilization | <input type="checkbox"/> Plant Native Trees or Shrubs
<input type="checkbox"/> Plant or Expand Pollinator Garden
<input type="checkbox"/> Add or Maintain Hives/Add Beekeeping
<input type="checkbox"/> Supplies Add Bat House
<input type="checkbox"/> Add Insect Hotel
Other _____ |
|--|---|

PLEASE ADD YOUR PROJECT DESCRIPTION:

- I allow my submitted photographs to be used by the Conservation District for documentation and program promotion.
 I plan to utilize local vendors to the extent possible.

I agree to the terms outlined above. Applicant Signature: _____
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For Office Use Only: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Application # \_\_\_\_\_ Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_