

Educate. Advocate. Innovate.

CONSERVATION INTEREST FORM

dilli Owner	/Operator Name: _			
Farm Name:			Integrator:	
arm Addres	ss:			
Home Addre	ess (if different):			
Home Phone: (Cell Phone:	Cell Phone: Email Address:	
Check any p	ractices that you m	ay be interested in assistance w	vith implementing:	
Conservation	on/Vegetative Buff	ers Stormwater Concerns	Cropland	
□ Perennia	l Grasses	□ Drainage/Grading	☐ Conservation Drainage	
□ Pollinato	r Plantings	□ Roofed Gutters	□ Cover Cropping	
□ Trees / Windbreak		□ Stormwater Diversion	☐ Soil health improvements	
Housing and Litter Needs		Stream/Ditches	Other Conservation Practice	
□ Composting		□ Ditch Restoration	□ Lanes/Access Roads	
□ Heavy Use Pads		□ Forest Buffer	□ VEB Replacement	
□ Manure Storage		☐ Stabilized Stream Banl	<	
Would you l	be willing to accept	cost-share from any of the follo	owing sources? Check all that apply:	
□ Non-profit organization		•	☐ County, State, or Federal cost-share program	
Are you curi	rently working with	someone on a conservation pr	oject OR have a current contract for a conservation	
project?		□NO If Yes, please de	If Yes, please describe the project, including funding source/group:	

in fact, these funds are geared to be paired/matched with other conservation funding sources when applicable.

If you have any questions, please contact:

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We are excited to have the assistance and support of conservation partners in this project:







