



CWI/TNC Soil Health Program

Request for Cost Share
Cover Crop 75% (\$20/acre maximum)



- ****Please read and sign below where required.****

Applicant Name _____ County _____

Address _____

City | State _____ Zip _____

Email _____ Phone Number _____

Make cost-share checks payable to (only applicant may receive payment) _____

Are you a new applicant to cost-share programming? Yes ___ No ___

If answered no, how many years have you participated in the programming? _____

Amount of acres:

Requesting cost-share for Cover Crop Incentive: _____

Requirements to receive cost-share:

- Applicant agrees to implement practices described above.
- All cover crops must be applied by reduced or no-till practices, broadcasting, or aerial application. **Cover crop must meet NRCS seeding specifications and will not be harvested for forage at this time.**
- Landowner/operator accepts liability, financial or otherwise, by installing practices above and releases SWCD or partners from any and all liability.
- It is up to the landowner and operator to communicate who is responsible between the two parties. Applicant is the only person qualified to receive cost-share payment(s) from SWCD.
- Applicant will provide proof of completion through receipts and seed tags.
- *Applicant will be responsible for making all arrangements for planting of cover crops.*
- Requests received after funds are obligated will be added to wait list.
- Applicant is responsible for submitting supporting documents to SWCD by close of business December 16th . **Failure to submit documents will result in forfeiture of payment. Not following these terms may result in applicant refunding cost-share payment to the SWCD.**

I, _____, hereby submit a request to the _____ County Soil & Water Conservation District for cost-share to install/apply the conservation practice(s) listed. I have read and understand the terms and conditions.

Applicant's Signature:

Signature _____

Date _____

County SWCD Signature:

Signature _____

Date _____

Field Enrollment:

Farm # _____ Tract # _____ Field/s # _____ Total acres enrolled _____

HEL field(s) Planned cover crop mix? _____

Method for planting cover crops: Broadcast Drill/vertical till Aerial seeding Other _____

Office Use:	UTM Northing _____	UTM Easting _____	HUC 8 _____
	Sediment reduction _____	Phosphorous reduction _____	Nitrogen reduction _____

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***** SWCD USE ONLY *****

Date request rec'd _____	Date seed tags rec'd _____	Field check by _____
Rec'd by _____	Date invoice rec'd _____	Date checked _____
Total acres _____	W9 date rec'd _____	Date paid _____
Split acres? _____	Photo _____	Amt paid _____
		Check # _____