

Guyan Conservation District Agricultural Enhancement Program FY18 Cover Crop Application

Applicant Information	Farm Information
Name:	Conservation District:
Mailing Address:	
Telephone:	
Email Address:	
Application Date:	
	County :
	Farm Name:
	Farm # :
	Tract # :
	Field # or #'s:

Best Management Practice

Please complete the following information for the Best Management Practice you would like to apply for:

BMP	Limits	Cost-Share Rate	Amount applied for	Other
Cover Crop	<ul style="list-style-type: none"> Not to exceed a total of 25 acres Must be turned under Practice must be planted by mid November 	Up to 30.00/acre	_____ acre(s)	

Program Eligibility

A. Definition

Cost share incentive to assist with the purchase of seed/labor to establish cover crop.

B. Purpose

1. Reduce erosion from wind and water.
2. Increase soil organic matter content.
3. Capture and recycle or redistribute nutrients in the soil profile.
4. Promote biological nitrogen fixation.
5. Increase biodiversity and enhance habitat for pollinators
6. Weed suppression.
7. Provide supplemental forage.
8. Soil moisture management.
9. Reduce particulate emissions into the atmosphere.
10. Minimize and reduce soil compaction.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. Applicant will indicate the field or areas to be planted and acreage requested on the application and verified by GCD AEP committee or its' designee.
3. NRCS standards that may apply to this practice: 340 Cover Crop
4. Practices must be certified complete by November 15
5. A W-9 tax form will be required with application for District tax purposes.
6. Cost share is available to owner or lessee.
7. Applicant must provide map identifying tract and field along with proposed acreage.
8. NRCS standards and specs must be followed.
9. Methods of seeding stands may be established either by conventional or no till.
10. Approvals will be final on _____.
11. Application approvals will be made based upon availability of funds and based on the ranking form.
12. After approval applicant must follow job sheets provided at the time of signing the contract.
13. Invoices must be submitted by _____.
14. Failure to complete practice may affect future funding.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be up to \$500.00 per cooperator.
2. Maximum of 25 acres per cooperator.
3. The payment will be made after paid invoices are received, cooperator completes a W-9 form and the AgEP committee has made a site visit.
4. No duplication of federal or state cost-share shall be allowed.

<i>Species</i>	<i>Rates/acre</i>
Wheat	2 bu
Cereal Rye	2bu/ac
Spring Oats	2 bu
Barley	2 bu
Annual Ryegrass	30 lbs
Hairy Vetch	30 lbs
Crownvetch	5-20 lbs
Birdsfoot Trefoil	10 lbs
Crimson Clover	20 lbs
Red Clover	15 lbs
White Clover	12 lbs
Ryegrass	40 lbs
Bluegrass	40 lbs
Smooth Bromegrass	40 lbs
Orchardgrass	40 lbs
Timothy	40 lbs

E. Practice Specifications

1. Please refer to job sheets provided at the time of approval and signing of contract.

By signing this I have read, understand, and agree to the terms and conditions stated in this document.

Farm Name (if applicable): _____

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	