



# Chesapeake Bay Program Cover Crop Application

## Potomac Valley Conservation District



**2<sup>nd</sup> Sign up period: August 27, 2020 through September 10, 2020**  
**Practices MUST be completed by October 30, 2020**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Good Day Time Phone # \_\_\_\_\_

Farm Number/Name \_\_\_\_\_  
 Tract # \_\_\_\_\_  
 Field # \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Best Management Practice (BMP) applied for:**

| BMP         | Limits                 | Cost-Share Rate  | Amount applied for | Current Crop | Crop to be planted |
|-------------|------------------------|--|--------------------|--------------|--------------------|
| Cover Crops | Not to exceed 75 acres | \$50/ac. by October 10 <sup>th</sup><br>\$40/ac. by October 20 <sup>th</sup><br>\$30/ac. by October 30 <sup>th</sup> | _____acres         |              |                    |

**A. Description and Purpose**

1. Cost-share payments are provided for the establishment of vegetative cover on cropland for protection from rain and wind erosion and the reduction of nutrient losses to groundwater.

**B. Policies for Practice:**

1. Applicant must be a District Cooperator.
2. A W-9 tax form will be required with application for District tax purposes.
3. Cost share is available to owner or lessee.
4. Applicant must provide one of the following documents: Written lease for current time period, Current Farm Service Agency Farm Data Report or WVCA Operator Form. This will describe who is the owner and/or lessee.
5. The applicant, if a member of a legal entity, must provide a copy of a CCC-901 Form stating who the members are.
6. The applicant must have a Farm Use Evaluation for this property.
7. Applicant must provide map identifying tract and field where the proposed planting will be.
8. Approvals will be final at PVCD special meeting September 16th.
9. Application approvals will be made based upon availability of funds and order received.
10. Invoices must be submitted by **November 20, 2020 4:00PM.**

**C. Practice Specifications:**

1. All seed must be free of prohibited noxious weed seed and have a minimum germination rate of 80%. If the grower elects to use home grown seed, it must be tested for purity, germination and noxious weeds prior to seeding by a recognized seed laboratory.
2. **Practice must be completed by October 30, 2020**
3. The cover crop residue may be left on the field for conservation purposes; or the cover crop or its residue may be tilled under; or the cover crop may be harvested after April 1<sup>st</sup>.
4. Life span of this practice is a minimum of 1 year.

| <i>Some of the recommended seed type and planting rates are listed in the following table:</i> |           |                   |          |
|--|-----------|-------------------|----------|
| Species  | Rates/ ac | Species           | Rates/ac |
| Wheat  | 2 bu.     | Crimson Clover    | 20 lbs.  |
| Cereal Rye   | 2 bu.     | Red Clover        | 15 lbs.  |
| Spring Oats  | 2 bu.     | White Clover      | 12 lbs.  |
| Barley   | 2 bu.     | Ryegrass          | 40 lbs.  |
| Triticale  | 2 bu.     | Bluegrass         | 40 lbs.  |
| Annual Ryegrass  | 30 lbs.   | Smooth Bromegrass | 40 lbs.  |
| Hairy Vetch  | 30 lbs.   | Orchardgrass      | 40 lbs.  |
| Crownvetch   | 5-20 lbs. | Timothy           | 40 lbs.  |
| Mixed: Radish, peas, etc.  | Consult   | Birdsfoot Trefoil | 10 lbs.  |

**D. Payment rates & limits:**

1. The maximum cost-share for this practice is \$50/ac by October 10<sup>th</sup>, \$40/ac by October 20<sup>th</sup> and/or \$30/ac by October 30<sup>th</sup>.
2. Maximum of 75 acres per producer.
3. **Practice must be completed by October 30, 2020**
4. The payment will be made **within 45 days** after invoices are submitted and AEP representative has made a site visit.
5. No duplication of federal or state cost-share shall be allowed.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>OFFICE USE ONLY:</b>           |  |
|-----------------------------------|--|
| <b>Date Received:</b>             |  |
| <b>Time Received:</b>             |  |
| <b>Ranking Score:</b>             |  |
| <b>If Approved:</b>               |  |
| <b>District Bd Date Approved:</b> |  |
| <b>Verification #:</b>            |  |