



CWI/TNC Soil Health Program

Request for Cost Share

Application due 4 PM EDT, September 30, 2022

Cover Crop Seed \$20/acre maximum 75% Cost Share

****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) _____

Application Ranking Criteria

Have you utilized cover crops in the past? Yes _____ No _____

Have you received SWCD cover crop cost-share in the past? Yes _____ No _____

Is the land to be cover cropped Highly Erodible? Yes _____ No _____

Date / time of application: _____ **To be funded by order of receipt of fully**

completed applications, after ranking.

Note: Only one application per farm/entity will be funded. Additional applications will be put on wait list.

Number of acres: _____ *Minimum of 10 acres, and a maximum of 50 acres will receive funding.*

Requirements to receive cost-share:

- Applications will be ranked based upon criteria above. First time cover croppers, HEL land, first time cost share recipients to receive priority. Applications will be funded in the order received, after ranking.
- Applicant agrees to implement practices described above.
- **Payment to be made for cover crop seed only.**
- **Payment will only be made for full fields/full sections.**
- **Cover crops must be a mix of three or more species.**
- 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.
- Landowner/operator accepts liability, financial or otherwise, by installing practices above and releases SWCD or partners from any and all liability.
- Landowner and operator will determine who is the responsible party. 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 for payment to SWCD by close of business November 23, 2022. **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 DUBOIS 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 _____

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 _____

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

Date request rec'd _____
Rec'd by _____
Total acres _____
Split acres? _____

Date seed tags rec'd _____
Date invoice rec'd _____
W9 date rec'd _____
Photo _____

Field check by _____
Date checked _____
Date paid _____
Amt paid _____
Check # _____