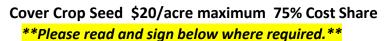
COUNTY SWCD: **DUBOIS**

Signature ___



CWI/TNC Soil Health Program

Request for Cost Share Application due 4 PM EDT, September 30, 2022





Applicant Name	County	
Address		
City State	Zip	
Email	Phone Number	
Make cost-share checks payable to (only applicant may rece	ive 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 Yes No	
s the land to be cover cropped Highly Erodible?	Yes No	
Date / time of application:	To be funded by order of receipt of <u>fully</u>	
completed applications, after ranking.	, , , , , , , , , , , , , , , , , , , ,	
Note: Only one application per farm/entity will be funded. A	Additional applications will be put on wait list.	
Number of acres: Minimum of 10 acre	es, and a maximum of 50 acres will receive fund	
Requirements to receive cost-share:		
 Applications will be ranked based upon criteria above. F 	irst time cover croppers, HEL land, first time cost sh	
recipients to receive priority. Applications will be funde	d in the order received, after ranking.	
 Applicant agrees to implement practices described abo 	ve.	
 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 p 	ractices, broadcasting, or aerial application.	
 Cover crop must meet NRCS seeding specifications and w 	•	
 Landowner/operator accepts liability, financial or otherw 	——————————————————————————————————————	
or partners from any and all liability.	σ, , ,	
Landowner and operator will determine who is the responsible party. Applicant is the only person qualified		
 Landowner and operator will determine who is the response 	onsible party. Applicant is the only person qualified	
	onsible party. <u>Applicant</u> is the only person qualified	
receive cost share payment(s) from SWCD.		
receive cost share payment(s) from SWCD. Applicant will provide proof of completion through r	eceipts and seed tags.	
 receive cost share payment(s) from SWCD. Applicant will provide proof of completion through r Applicant will be responsible for making all arrangements 	eceipts and seed tags. for planting of cover crops.	
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Date

Field Enrollment:

Farm #	Tract #	Field/s #	Total acres enrolled	
☐ HEL field(s)	Planned cove	r 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				
Office Use:	UTM Northing	UTM Easting	HUC 8	
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	Sediment reduction	Phosphorous reduction	Nitrogen reduction	
*** SWCD USE ONLY ***				
Date request	rec'd	Date seed tags rec'd	Field check by Date checked	
Rec'd by Total acres		Date invoice rec'd W9 date rec'd	Date paid	
Split acres?		Photo		