WINTER COVER CROP
COST-SHARE APPLICATION

Applicant's Name: _____
(Last) (First) (M.I.)

Phone Number: Home# _____ Work# _____

Cell# _____ E-Mail _____

Mailing Address:

_____

_____

Make Checks Payable To:_____

Cost-share dollars are considered income. For purposes of federal income taxes, the IRS "Form 1099-Miscellaneous" will be issued to the applicant as required by law.

Tracts in existing EQIP contracts do not qualify for the NCCD Cover Crop Program.

Applicant agrees to plant the cover crop in accordance with the information in the "Winter Cover Crop Program" packet. Maximum total acreage is 400.

The applicant agrees to allow FSA/NRCS to release their conservation plan maps of the properties to the District for the purpose of Cover Crop Program.

Acres of unharvested to be planted: _____ (this includes on farm grazing or greenchop)

Acres of harvested to be planted: _____

Applicant's Signature: _____ Date: _____

New Castle Conservation District Approval

Board Approval Date: _____ Yes_____ No_____

Unharvested Acres: _____ X Rate: $60.00 = C/S Amount: _____

Harvested Acres: _____ X Rate: $40.00 = C/S Amount: _____

Acres in the Chesapeake Bay Watershed: _____

Participates in EQIP/AMA/CSP for cover crop: No____ Yes____

Tract # _____