

MARYLAND DEPARTMENT OF AGRICULTURE



2024/2025 WINTER COVER CROP PROGRAM - APPLICATION / AGREEMENT

SECTION I - APPLICATION	SCD Use - Date Received		For SCD Use	AGREEMENT NUMBER
	SCD Use - SQL Entry Date		MACS Account Number	

<sup>1)</sup> SS or FID # - Last Four (4) Digits Only	<sup>2)</sup> District	<sup>3)</sup> Telephone Number	<sup>4)</sup> Email Address or Alternate Telephone Number
<sup>5)</sup> NAME and ADDRESS of person to receive check. Include farm or corporate name, if any.		<sup>6)</sup> Nutrient Management Certification - Check (v)	
Name or Farm Name			<sup>7)</sup> Annual Implementation Report (AIR)
C/O Name			<sup>8)</sup> Name on AIR
Address			
City, State, Zip			<sup>9)</sup> ATTACHED - Current Nutrient Management Plan Certification Form
<sup>10)</sup> Change in Address (circle) [ YES ] [ NO ]		<sup>9a)</sup> ATTACHED - W-9 Identification Certification Form	

For Applicant Use		SECTION II- TECHNICAL REPORT		
Acres of Traditional Cover Crop	<sup>11)</sup> ACRES	PAYMENT RATE	<sup>12)</sup> TOTAL BASE AMOUNT (Acres X Rate)	
Base Acres - Total Acres of Cover Crop		<b>\$50.00</b>		
Choose Incentives*	<sup>13)</sup> ACRES	INCENTIVE PAYMENT RATE	<sup>14)</sup> INCENTIVE AMOUNT(S)	
<sup>15)</sup> Acres aerial seeded by <u>airplane, drone or helicopter</u> into standing corn on or before <b>September 10, 2024</b> .		<b>\$10.00</b>		
<sup>16)</sup> Tillage and Planting Method Incentive - no-till, broadcast light tillage, minimum tillage, vertical tillage, conventional tillage <b>on or before October 10, 2024</b>		<b>\$25.00</b>		
<sup>17)</sup> Tillage and Planting Method Incentive - no-till, broadcast light tillage, minimum tillage, vertical tillage, conventional tillage <b>October 11, 2024 thru November 5, 2024</b>		<b>\$10.00</b>		
<sup>18)</sup> Acres planted using an approved multi-species mix		<b>\$20.00</b>		
<sup>19)</sup> Acres planted in Cereal Rye or Triticale		<b>\$20.00</b>		
<sup>20)</sup> Acres planted in Canola/Rapeseed		<b>Minus \$15 per acre</b>		
<sup>21)</sup> <b>Cost Share for Seed Test</b> (No. of Tests)		<b>\$15.00</b>		
Extended Season Incentive	<sup>22)</sup> ACRES 500 maximum	<b>\$10.00</b>		

\* Incentives offered on cover crop acreage for certain management practices. Review the chart in the 2024/2025 Cover Crop Program Requirements and Agreement. \*\* The total dollar amount below will represent the maximum payment amount that you may receive.

	<b>TOTAL</b>	
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SECTION III - APPLICANT/AGREEMENT

Public Information Notice - The principle purpose for which the information on this application is used to identify you as one of those persons whom the agency intends to give State cost-share funds. If you fail to provide the requested information, MDA may not provide you with cost-share funds. You have the right to inspect, amend, or correct personal information collected by the agency. Much of the personal information collected by the agency is available for public inspection. This information is not routinely shared with state, federal, or local government agencies.

CERTIFICATION: I request cost-sharing under this program to address a potential nutrient management/water quality problem. I agree to comply with the requirements as outlined in the 2024/2025 Cover Crop Program Requirements and Agreement. I have read the program guidelines and understand the steps involved for approval. I understand I am not approved for cost-share funds until I have received a letter of approval and a signed and dated copy of my Application/Agreement from the Maryland Department of Agriculture. If at any time program requirements are not met, the Agreement can be cancelled by the Department with no obligation to pay the applicant and any payments already made will be forfeited. I understand this Agreement may be terminated automatically, without liability to the Department or the District, if there are no available public funds under the program supporting this project.

<b>Step 5 - Signature of Applicant</b>	Date

SECTION IV - TECHNICAL DETERMINATION

The \_\_\_\_\_ Soil Conservation District has reviewed this referral and finds it adequate and appropriate for this program.

Authorized Signature (Designated Technician)	Date	Authorized Signature (Designated Chairman or Designee)	Date