**2025\_\_\_\_\_\_\_\_\_ Soil & Water Conservation District**

**Cover Crop Program Application**

(This IS NOT a contract or guarantee of approval)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE use current FSA TRACT, FIELD NUMBERS & ACRES***

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| **Landowner**If different from Applicant**(This is the person** **who will receive payment.)** | **FSA Tract****ONE per line please** | **Field ID** | **Acres** | **2025****Crop** | Fields will have a manure application fall of ’25 or spring of ’26?**Yes/No** | Field is no-tilled or minimum-tilled for production?***Yes/No*** | Field has a grassed waterway or permanent buffer strip. **Yes/No** | Field is Enrolled in H2Ohio or a USDA Nutrient Management Program (but not receiving USDA Cover Crop Payments)**Yes/No** | Soil Tests are fall 2021 or newer**Yes/No**(Provide Copies) |
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**SIGN AND DATE APPLICATION**

**2025 Muskingum Watershed Conservancy District Cover Crop Program is offering $12.00/acre with a cap of 175 approved acres per applicant across eligible counties in the jurisdictional boundary of the MWCD District unless fields are located within one of the specified MWCD Lake watersheds.**

Sign up:

* Submit this application to \_\_\_\_\_\_\_\_\_ SWCD prior to sign up **deadline of \_\_\_\_\_\_\_\_\_\_\_\_ 2025**.
* Producers will supply the soil tests for review with the SWCD. Tests must be fall 2021 or newer and represent no more than 25 acres. Please write FSA tract and field numbers on soil tests if your numbering system is different.
* **Reminder** – copies of soil tests must be provided. *We do not retain copies from year to year*.
* Applications will follow a ranking process.
* Cap of 175 acres unless fields are above the approved list of MWCD Lakes.
* Seeding will take place by the NRCS specification dates for selected cover crop (to be provided if you’re approved).
* Provide any necessary requested information to \_\_\_\_\_\_\_\_\_\_\_\_\_ SWCD as needed.
* Separate Agreement must be signed once application is approved and prior to release of payment. We will send those to approved applicants.
* Producers enrolled in the program with two (2) consecutive years of zero (0) approved fields being planted and turned in to the SWCD, will be capped at 50 acres approved for 2025.
* **Non-certified seed must be tested for germination and FM content by ODA to be used in this program.**
* **Plantings that do not follow NRCS standards such as seeding rates, dates and approved methods will not be eligible for this program.**
* **Plantings that are total failures due to herbicide carryover will not receive the approved cost share for that field(s)**
* **Participant will notify the SWCD when seedings are completed.**
* **Land owned by MWCD and leased from MWCD is not eligible for the program.**
* **Land enrolled in USDA EQIP and CSP programs for COVER CROPS ONLY is not eligible for this program.**
* **H2Ohio fields, NRCS Nutrient Management, and private credit trading fields ARE eligible.**

Disclaimers:

* Due to conditions beyond the SWCD control, the District in no way guarantees, either expressed or implied, the successful establishment of a crop through this program.
* The participants shall hold \_\_\_\_\_\_\_\_ SWCD, MWCD and its assigned harmless from all damages for injuries or death to persons or property as a result of this program.
* \_\_\_\_\_\_\_\_ SWCD and its assigned reserve the right to modify this program.
* Participant(s) give \_\_\_\_\_\_\_\_\_ SWCD and its assigned permission to enter and exit property as needed to verify completion of this program prior to payment. (site checks, gathering data, etc.)
* \_\_\_\_\_\_\_\_\_ SWCD programs and services are conducted without regard to race, color, national origin, sex, age, marital status, sexual orientation, handicap or other prohibited criteria.

Applicant(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reminder…. PLEAE use ***CURRENT*** FSA Tract and Field numbers???