



# Vermillion County SWCD Application Due September 1

SWCD use:  
Points \_\_\_\_\_  
Date rec'd \_\_\_\_\_

## Request for Cost Share

COVER CROPS - \$20/acre, 100 acre max per applicant  
Upgrade to Multi-species - \$20/acre, 50 acre max per applicant

**\*\*Please read and sign below where required.\*\***

Applications will be ranked for funding based on this system...

**One point for each of the following :**

\_\_\_ HEL land / \_\_\_ New applicant (never used cover crops) / \_\_\_ Attended soil health event (in the last year)  
\_\_\_ Upgrading to multi-species

*In the event of a tie, date request is submitted will be the deciding factor.*

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

Make cost-share checks payable to (only applicant may receive payment) \_\_\_\_\_

Are you a new applicant to the SWCD cost-share program (have never planted cover crops)  Yes  No  
If answered no, how many years have you participated in the program? \_\_\_\_\_

Have you attended a soil health workshop/training in the current year?  Yes  No  
If yes, list event, date/location held \_\_\_\_\_

Are you upgrading from a single species cover crop to a multi-species blend?  Yes  No  
If Yes, describe your initial cover crop and what you are upgrading to. \_\_\_\_\_

### Requirements to receive cost-share:

- Applicant agrees to implement practices described above. All cover crops must be applied by no-till practices, broadcasting, or aerial application. **Cover crop must meet NRCS seeding specifications and will not be harvested for forage at this time.** Participants are encouraged to no-till in the spring!
- Landowner/operator accepts liability, financial or otherwise, by installing practices above and releases SWCD or partners from any and all liability.
- Landowner/operator agrees to enroll cost share fields into the S.T.A.R. Program sponsored by SWCD.
- It is up to the landowner and operator to communicate who is responsible between the two parties. 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, and will allow SWCD representative to confirm project completion through a site visit. *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 to the SWCD by close of business November 20<sup>th</sup>. **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 Vermillion County SWCD 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 \_\_\_\_\_

**Field Enrollment:**

Farm # \_\_\_\_\_ Tract # \_\_\_\_\_ Field/s # \_\_\_\_\_ Total acres enrolled \_\_\_\_\_

HEL field(s) Planned cover crop mix? \_\_\_\_\_ Years cover cropped \_\_\_\_\_

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 \_\_\_\_\_

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

Date request rec'd \_\_\_\_\_  
Rec'd by \_\_\_\_\_  
Total acres \_\_\_\_\_

Date seed tags rec'd \_\_\_\_\_  
Date invoice rec'd \_\_\_\_\_  
W9 date rec'd \_\_\_\_\_

Field check by \_\_\_\_\_  
Date checked \_\_\_\_\_  
Date paid \_\_\_\_\_  
Amt paid \_\_\_\_\_  
Check # \_\_\_\_\_