



**COVER CROP INCENTIVE PROGRAM
APPLICATION**

Name and Address

Telephone# _____

Email _____

**Please attach a ‘proposed planting’ field map with the acreage and identifying feature(s).
– or please contact the office for assistance.**

List farms for consideration (Acres will be based on number of applicants)

1. Farm name: _____ Tract #: _____
location/address: _____
field# _____ acres _____ current crop _____
field# _____ acres _____ current crop _____
field# _____ acres _____ current crop _____
field# _____ acres _____ current crop _____

List farms for consideration (Acres will be based on number of applicants)

2. Farm name: _____ Tract #: _____
location/address: _____
field# _____ acres _____ current crop _____
field# _____ acres _____ current crop _____
field# _____ acres _____ current crop _____
field# _____ acres _____ current crop _____

List farms for consideration (Acres will be based on number of applicants)

3. Farm name: _____ Tract #: _____
location/address: _____
field# _____ acres _____ current crop _____
field# _____ acres _____ current crop _____
field# _____ acres _____ current crop _____
field# _____ acres _____ current crop _____

****If you need more space, attach a separate sheet with required information**

Please refer to the Planting Timeline & Cover Crop Species Table attached to this application

___ August 1 - September 15 (list at least 5 species): _____
___ September 16 – October 30 (list at least 3 species): _____
___ After August 1 (list at least 1 species): _____

Additional Information

How will cover crop be planted? Broadcast _____ Drilled _____

Will **any** type of tillage be used to plant cover crop? _____
If yes, what type? _____

Watershed (if known) _____

Do you have a Chapter 102 Agricultural Erosion and Sediment Control Plan or a Conservation Plan?
Yes _____ No _____

Do you have a Chapter 91 Manure Management Plan or Nutrient Management Plan?
Yes _____ No _____ Not Applicable _____

Have you used cover crops in the past? Yes _____ No _____ # of Years _____

Will manure be applied to cover crop? Yes _____ No _____
If so, what type: _____ Liquid
_____ Bedpack
_____ Litter

Are you receiving any other funding for planting cover crops? Yes _____ No _____
If so, please explain and how many acres?

I certify that I have read the requirements of the Perry County Conservation District Cover Crop Incentive Program and agree to be bound by these requirements if I am selected to receive funding under this program.

In addition, I understand that the number of acres eligible for funding per farm will be based on total program acres applied for and available grant funding.

Operator signature

Date

Planting Timeline & Cover Crop Species Table

Planting Date	Minimum Number of Species Needed	Suggested Species Available
August 1- September 15	<p>WSG indicates species is a winter small grain.</p> <p>MUST choose at least 5 species. Minimum of 50% and maximum of 80% of the total mix must be 1 winter small grain (or a combination of 2 or all 3 winter small grains).</p>	<ul style="list-style-type: none"> • Rapeseed • Crimson Clover • Sunflower • Buckwheat • Oats • Cowpeas • Berseem Clover • Annual Medic • Red Clover • White Clover • Woollypod Vetch • Annual Ryegrass • Forage Radish • Turnips • Hairy Vetch • Sorghum/Sudan Grass • Barley - WSG • Rye - WSG • Triticale - WSG • Wheat - WSG
September 16-October 30	<p>Must choose at least 3 species. Minimum of 50% and maximum of 80% of the total mix must be 1 winter small grain (or a combination of 2 or all 3 winter small grains).</p>	<ul style="list-style-type: none"> • Annual Ryegrass • Rapeseed • Forage Radish • Red Clover • White Clover • Turnips • Hairy Vetch • Barley - WSG • Rye - WSG • Triticale - WSG • Wheat - WSG
After August 1	<p>Choose at least 1 winter small grain, or a combination.</p>	<ul style="list-style-type: none"> • Rye - WSG • Triticale - WSG • Wheat - WSG

* If there is a species you do not see listed here but would like to plant, please contact the Conservation District to discuss it.