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

<table>
<thead>
<tr>
<th>Planting Date</th>
<th>Minimum Number of Species Needed</th>
<th>Suggested Species Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1- September 15</td>
<td>WSG indicates species is a winter small grain. 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).</td>
<td>• Rapeseed • Crimson Clover • Sunflower • Buckwheat • Oats • Cowpeas • Berseem Clover • Annual Medic • Red Clover • White Clover • Woolypod Vetch • Annual Ryegrass • Forage Radish • Turnips • Hairy Vetch • Sorghum/Sudan Grass • Barley - WSG • Rye - WSG • Triticale - WSG • Wheat - WSG</td>
</tr>
<tr>
<td>September 16-October 30</td>
<td>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).</td>
<td>• Annual Ryegrass • Rapeseed • Forage Radish • Red Clover • White Clover • Turnips • Hairy Vetch • Barley - WSG • Rye - WSG • Triticale - WSG • Wheat - WSG</td>
</tr>
<tr>
<td>After August 1</td>
<td>Choose at least 1 winter small grain, or a combination.</td>
<td>• Rye - WSG • Triticale - WSG • Wheat - WSG</td>
</tr>
</tbody>
</table>

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