PERRY COUNTY CONSERVATION DISTRICT
COVER CROP INCENTIVE PROGRAM
OPERATOR-DISTRICT AGREEMENT

Landowner Name and Address: Perry County Conservation District
31 West Main Street, P.O. Box 36
New Bloomfield, PA 17068
Phone: (717) 582-8988 ext. 111

Agreement Provisions
A. Each undersigned operator agrees to participate in the Perry County Conservation District (PCCD) Cover Crop Incentive Program, and to comply with terms set forth herein for the period covered by this Agreement.

The undersigned operator(s) represent and agree that:

1. The Cover Crop shall be seeded and maintained in accordance with program requirements.
   a. The Cover Crop shall be implemented according to the time schedule identified on the Cover Crop Incentive Program Requirements Form.
   b. The Cover Crop shall be maintained in place according to the guidelines identified on the Cover Crop Incentive Program Requirements Form.

2. The Cover Crop Incentive Program is a one (1) year program.
   a. Incentive Funding will be paid at a rate of $70 per acre (A minimum of 5 species mix, planted between August 1 – September 15), $50 per acre (A minimum of 3 species mix, planted between September 16 – October 30), and $30 per acre (at least 1 species, planted after August 1).
   b. Incentive money will be paid in the Spring of 2023 as grant funding is received, after spring scouting is completed.

3. I understand I will be withdrawn from the Cover Crop Incentive Program as determined by the Conservation District, if, before the time schedule identified I: (a) destroy the cover crop so as to reduce its designed effectiveness, (b) relinquish control of, or title to the land on which the approved cover crop is established, and the new owner of the land does not agree in writing to properly maintain the cover crop for the remainder of the agreement, or (c) apply nutrients in excess of the rates prescribed in the Nutrient or Manure Management Plan; unless the Conservation District determines the destruction of the cover crop was caused by an Act of God or other conditions beyond the landowner/operator(s) control.

4. I will complete and file all the required forms to participate in this program with the Perry County Conservation District.

5. I will comply with all Federal, State and Local laws, relating to the environment.
6. I will permit the Conservation District or their authorized representatives, upon presentation of credentials, entry upon my premises to inspect and observe cover crop or other conditions of this Agreement.

7. I agree that grant funding of the cover crop program shall be based on the conditions as described above.

B. The Conservation District will:

1. Receive County-wide Action Plan DEP Block Grant Funding to cover the cost of the Cover Crop Incentive Program to be implemented under this Agreement. **The number of acres eligible for funding per farm will be based on total program acres applied for and available grant funding.**

2. Upon final verification of proper cover crop implementation, the Conservation District will disperse Incentive funds as determined by the Conservation District to the operator(s) signatory to this Agreement.

3. Terminate this Agreement if the operator(s) signatory to this Agreement does (do) not implement and maintain the cover crop according to the requirements set forth in the PCCD Cover Crop Incentive Program Requirements and this agreement.

4. The Conservation District agrees to fund the eligible costs for this project in an amount up to, but not exceeding $_______________. This amount is based on _________ acres enrolled in program.

   **Amount to be paid in Spring of 2023 $______________**

C. The operator(s) and Conservation District execute this agreement intending to be legally bound by its terms.

D. The terms of this agreement will conclude when the Cover Crop Incentive Program payment(s) are made to the operator(s) as approved by the Conservation District.

**Operator Signature:** ____________________________________________
**Date:** _______________

**District Signature:** ___________________________ **Title:** __________________
**Date:** ____________

**Notes:**