

Morgan County SWCD Seeding for Soil Health

Program Application



REQUIREMENTS TO APPLY-For your application to be considered, it must meet the following criteria:

- ◊ Project must be within Morgan County
- ◊ Grant is only available to private landowners and non-governmental not for profit organizations. (Organizations that are publicly funded or are a taxing body are ineligible.)
- ◊ Project has not qualified for or received funding from another federal or state funded program

I am applying to receive technical and financial assistance to:

Install a Pollinator, Prairie, or other Native Habitat Planting

(Pollinator plantings must be free of species that are noxious, invasive, and/or all amaranth. To verify that seed mixes are free of these species, the district will request the seed lab card from the distributor.)

Install a Buffer Strip, Filter Strip, Field Border, or Waterway

Plant Cover Crops

(For cover crop cost share programs, the maximum cost share is 75% of the total final cost of the practice, with 25% of the cost being the responsibility of the landowner, and a maximum dollar cap at \$30/ac. Seeding rates, planting dates, and seed tags will be required with the submission of receipts for reimbursements.)

If your application is considered for funding, a representative from Morgan County SWCD will be in contact with you to schedule a site visit of the project area to evaluate the conservation concern that funding is being requested for and begin the process of providing a conservation plan for you to follow. Once approved, you will be asked to sign an agreement with the SWCD. Funds will be reimbursed at 75%/25% rate based on receipts provided, up to a maximum of \$3,000 reimbursement. **Reimbursements of expenses will NOT be made on any work done or purchases made prior to SWCD board approval or without a properly signed agreement.**

Any work done by the landowner or a representative of the landowner, that is not a professional company, cannot be billed for more than \$35 an hour for work done on a project and can only count towards in-kind match. Indiana Custom Farm Rates, published by Purdue Extension, annually, will be used to calculate in-kind match for equipment usage by participants for all in-kind match for projects. All funds will be reimbursed after the completion of the project, timely submission of all supporting documentation, and a final site review has been completed. **Conservation practices shall comply with USDA-NRCS Field Office Technical Guide specifications for that practice.** The applicant is responsible for locating underground utility location, obtaining all permits and complying with local ordinances, state statutes and federal regulation, if applicable.

Name of applicant_____

Applicant Address_____

Telephone number_____ Email address_____

Brief explanation of project:_____

If planting cover crops, is this the first time that you have planted cover crops? _____

**This program gives priority to participants who are installing a practice for the first time, installing a practice in a location for the first time, installing a practice adjacent to or near a waterway, and who intend to use no-till methods to plant. SWCD No-Till Drill rental fees will be reimbursed for those participants who choose to use the Morgan County SWCD No-Till Seed Drill, though a damage deposit will be collected and damage fees will apply if returned in poor condition. A separate drill rental agreement is required for use of the drill.*

Field/Project Enrollment:

Type of Conservation Practice _____ Total acres or square feet enrolled _____

Farm # _____ Tract # _____ Field(s) # _____ or Address _____

Is this HEL (Highly Erodible) or Floodplain Y/N _____ Has it been previously tilled Y/N _____ Cover Cropped in the last 5 years? Y/N _____

Is this field adjacent to a waterway? Y/N _____ Do you plan on using the SWCD No-Till Seed Drill to plant? Y/N _____

Method for planting cover crops: Broadcast/Drill/vertical till/Aerial seeding/Other _____

Planned Cover Crop Mix _____ Add'l Acres planted without Cost-Share Assistance _____

For Office Use Only: UTM Northing _____ UTM Easting _____ HUC 8 Watershed _____**Field/Project Enrollment:**

Type of Conservation Practice _____ Total acres or square feet enrolled _____

Farm # _____ Tract # _____ Field(s) # _____ or Address _____

Is this HEL (Highly Erodible) or Floodplain Y/N _____ Has it been previously tilled Y/N _____ Cover Cropped in the last 5 years? Y/N _____

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I understand that upon completion of this project, a staff or board member of the Morgan County Soil and Water Conservation District will do an inspection of the completed project to determine if it is carried out as written and approved in the plan and will need access to the site during the planning and completion phases of the project. If this project is not completed as per the plan or cannot be verified after completion, I will not and should not expect and payment or reimbursement. I accept liability, financial or otherwise, by installing practices and releases SWCD or partners from any and all liability. I also give the Morgan County Soil and Water Conservation District permission to take pictures of said project and to use these pictures publicly for promotion and marketing of the SWCD and this program.

Landowner/Entity Signature _____ Date _____

OFFICE/BOARD USE ONLY:

- Complete Application submitted _____
- Site Visit Scheduled _____
- W-9 Provided _____

- Application Points _____
Notes: _____

Please fill out completely and return this application with required documentation to:

Morgan County Soil and Water Conservation District
180 S. Main Street, Suite 002, Martinsville, IN 46151

Or you can email it to SWCDOffice@MorganCounty.IN.Gov

Please call (765)349-2060 with questions.

For more information on this and other SWCD programs, go to www.MorganCountySWCD.org