



Southwest Conservation Alliance

Request for Cost Share

COVER CROPS - \$20/acre, 100 acre max per applicant

SWCD use:
Points _____
Date rec'd _____

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

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

One point for each of the following (three points possible):

___ HEL land / ___ New applicant (never used cover crops) / ___ Attended soil health event (in the last year)
In the event of a tie, date request is submitted will be the deciding factor.

Applicant Name _____ County _____

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 _____

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.
- 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 20th. **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 Southwest Conservation Alliance 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 _____

Farm # _____ Tract # _____ Field/s # _____ Total acres enrolled _____

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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 # _____