

Upper Mill Creek Watershed Initiative Cost-Share Program Application



COVER CROP COST-SHARE

Clean Water Indiana Grant Funding 2015-2017



To qualify you must be an agricultural producer and/or landowner in the Upper Mill Creek Watershed (HUC #0512020305).

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City/State: _____ Zip code: _____

Home Phone: () _____ Cell Phone: () _____ e-mail: _____

In which county/counties do you farm? (Circle all that apply) Hendricks Putnam Morgan Owen

Which county FSA office do you currently work with: _____

On what FSA tract(s) do you wish to apply for cover crop cost-share (maximum of 50 ac. per producer): _____

County where tract(s) is/are located: _____ Civil Township(s): _____

Nearest Road Intersection(s) to tract(s): _____

Have you ever used cover crops before? Yes No

Will you be applying manure on the field where the cover crops will be planted? Yes No

How many total acres of cover crops do you plan on planting this fall? _____

Have you decided what kind of cover crop you would like to try? If so which one or which mix? _____

Deadline to submit application -- April 1st, 2015 to Morgan, Owen, Putnam, or Hendricks SWCD office