

Soil Health Restore Program Application

Request for \$30/acre average payment for:

- Soil and Soil Health Testing
- Nutrient Consulting Services
- Cover Crop Seed



Applicant Name _____ County of Operation: Owen Morgan Both

Address _____ City, State, Zip _____

Email _____ Phone Number _____

Make cost-share checks to (only applicant may receive payment) _____

Requirements to receive cost-share payment:

- Applicant commits to implementing the following practices: 1.) soil testing, 2.) nutrient amendments based on Greene Crop Consulting, Inc's recommendations, 3.) planting cover crops within seeding window, and 4.) conservation tillage system during the three year term of the program for the fields enrolled.
- 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. The applicant is the only person qualified to receive cost-share payment from SWCD.
- Applicant will provide proof of completion through receipts and seed tags, and will allow representatives from Green Crop Consulting, Inc. and SWCD to access enrolled fields for soil testing and cover crop inspections. Applicant will be responsible for making all arrangements for planting cover crops.
- Applicants are responsible for submitting supportive 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 SWCD.**
- Applicant has read and understands the "Soil Health Restore Fact Sheet" and commits to upholding the program requirements and participant obligations therein.

I, _____, hereby submit a request to the Soil Health Restore Program for cost-share to install/apply the conservation practices listed. I have read and understand the terms and conditions.

Applicant's Signature

Signature _____

Date _____

SWCD Use:

Points _____

Date Submitted _____

Field Enrollment:

Farm # _____ Tract # _____ Field(s) # _____ Total acres enrolled _____

HEL (Highly Erodible) or Floodplain Cover Crops in last 3 years? Tilled?

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

Crop in Spring 2021? Beans Corn Planned Cover Crop Mix _____

<i>Office Use:</i> UTM Northing _____ UTM Easting _____ HUC 8 _____ Additional acres _____ Sediment reduction _____ Phosphorus reduction _____ Nitrogen reduction _____
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SWCD USE ONLY

Date request received _____
Received by _____
Total acres _____

Date seed tags received _____
Date invoice received _____
W9 date received _____

Field checked by _____
Date checked _____
Date Paid _____
Amount paid/check # _____