

# WINTER COVER CROP COST-SHARE APPLICATION

Applicant's Name \_\_\_\_\_  
(Last) (First) (M.I.)

Phone Number: Home# \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost-share dollars are considered income. For purposes of federal income taxes, the IRS "Form 1099-Miscellaneous" will be issued to the applicant as required by law. **The attached W-9 must be completed each year for that purpose.**

**Applicant agrees to plant the cover crop in accordance with the information in the "Winter Cover Crop Program" packet.**

The applicant agrees to allow NRCS to release their conservation plan maps of the properties to the District for the purpose of Cover Crop Program.

Acres of unharvested to be planted: \_\_\_\_\_ (this includes on farm grazing or greenchop)

Acres of harvested to be planted: \_\_\_\_\_ (includes grain and/or straw)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## New Castle Conservation District Approval

Board Approval Date: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Unharvested Acres: \_\_\_\_\_ X Rate: \$50.00 = C/S Amount: \_\_\_\_\_

Harvested Grain Acres: \_\_\_\_\_ X Rate: \$30.00 = C/S Amount: \_\_\_\_\_

Acres in the Chesapeake Bay Watershed: \_\_\_\_\_

Participates in EQIP/AMA/CSP for cover crop: No \_\_\_\_\_ Yes \_\_\_\_\_ Tract # \_\_\_\_\_