

# Huron Soil and Water Conservation District

8 Fair Road

Norwalk, Ohio 44857

Phone: (419) 668-4113 ext. #3 Fax: (419) 663-8405

[www.huronswcd.com](http://www.huronswcd.com)



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***For Immediate Release (not for paid advertising)***

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Contact: Alisa Schaffer

419-668-4113 #3

[alisa.schaffer@oh.nacdnet.net](mailto:alisa.schaffer@oh.nacdnet.net)

## **HURON SOIL AND WATER CONSERVATION DISTRICT**

Cover It Green Grant Opportunity

The Huron Soil and Water Conservation District has been informed that a \$30,000.00 grant proposal to the Great Lakes Commission for funding under the Great Lakes Basin Program for Soil Erosion and Sediment Control has been approved.

The two year grant will provide \$22,500.00 cost share dollars to eligible Huron County landowners to establish 450 acres of winter cover crops and 30 acres of field borders and roadside filter strips.

The Huron S.W.C.D. will pay \$30.00 per acre for winter cover crops excluding wheat and soybeans up to 25 acres and a one time payment of \$300.00 per acre for field borders and filter strips 10' to 100' wide not to exceed five acres per board approved contract. Producers can make hay off of the filter strips.

Applications for cost share may be picked up at the Huron S.W.C.D. office located at 8 Fair Road in Norwalk, OH.

“An Equal Opportunity Provider and Employer”

**COVER IT GREEN GRANT**  
**Winter Cover Crop Contract**

This project is partially funded through a grant provided by the Great Lakes Commission with funds from the United States Department of Agriculture.

**HURON S.W.C.D.**  
**8 FAIR ROAD**  
**NORWALK, OH 44857**  
**419-668-4113 #3**  
**FAX 419-663-8405**

Date Received _____
Farm # _____ Tract _____

**Purpose:**

To reduce sedimentation in the Great Lakes Basin through promotion of cover crops in Huron County.

**Target Audience**

Producers who crop land in Huron County.

**Goal**

To cost share \$30.00 per acre on 450 acres of winter cover crops saving 675 tons of soil per year.

**Eligible Component**

See Appendix A of EFOTG Seeding tables. Wheat, soybeans, and long term hay plantings as winter cover crops are not allowable. Plantings of winter cover crops on fields that would otherwise set idle over the winter months are the target of this grant.

**Requirements and Limitations**

- Cost share \$30.00 per acre for cover crops on approved number of acres. Subject to funding availability.
- Maximum 25 acres per operation.
- Funding on wheat and soybean cover crops are not eligible
- Application must be approved by the Huron S.W.C.D. Board of Supervisors or District Manager before planting.
- Stand must be inspected by Huron S.W.C.D.
- Cover crops must be destroyed, but cannot be destroyed mechanically or chemically until March 1<sup>st</sup> of the following year
- It is the applicant's responsibility to beware of crop insurance rules, other program conflicts ie Conservation Security Program, and affects to the crop base or any rule that may affect the applicant adversely by planting a cover crop.

**Implementation checklist**

- Read and complete both sides of this application.
- Attach soils maps and aerial photographs showing the tracts that you plan to plant to a cover crop.
- Return the application and attachments to the Huron S.W.C.D., 8 Fair Road, Norwalk, OH 44857
- The Huron S.W.C.D. Board of Supervisors will act on your application.
- The Huron S.W.C.D. will notify you of their decision.
- Following approval by the Huron S.W.C.D. Board of Supervisors or Manager you may plant the cover crop.
- Report completion to Huron S.W.C.D.
- Payment will be made after adequate stand has been inspected and after March 1<sup>st</sup> of the following year in accordance with this agreement and availability of the grant funding timeline.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL SECURITY # OR TAX ID for 1099 purposes \_\_\_\_\_

OWNER \_\_\_\_\_ OPERATOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

Are you interested in cost share on more acres if they become available \_\_\_\_\_ yes \_\_\_\_\_ no

OWN OR OPERATE \_\_\_\_\_ ACRES IN HURON COUNTY

Cover Crop to be planted \_\_\_\_\_ Acres devoted to cover crop \_\_\_\_\_

To be planted when \_\_\_\_\_ Destroyed when \_\_\_\_\_

I have read and understand all components of the Cover Crop application. Signatures of both the applicant and the Huron S.W.C.D. constitute a contract. I hereby waive all provisions of the law forbidding disclosure of any information which is relevant to this application and I hereby consent that such information be disclosed. I understand that failure to comply with this contract may subject me to repayment of grant funds received. Furthermore, I accept full responsibility for any adverse affects to crop insurability, crop bases, or contract duplication.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Allocated \$30.00 per acre x \_\_\_\_\_ =\$ \_\_\_\_\_

Allocated \$30.00 per acre X 25 acres = \$750.00 maximum

Approved \_\_\_\_\_ Yes \_\_\_\_\_ No

Huron S.W.C.D. Board Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**Certification of practice completed:**

\_\_\_\_\_ Date \_\_\_\_\_

Applicant

\_\_\_\_\_ Date \_\_\_\_\_

Cary A. Brickner, District Manager

Check \_\_\_\_\_ Date Paid \_\_\_\_\_

**COVER IT GREEN GRANT  
Filter Strip Contract**

This project is partially funded through a grant provided by the Great Lakes Commission with funds from the United States Department of Agriculture.

**HURON S.W.C.D.  
8 FAIR ROAD  
NORWALK, OH 44857  
419-668-4113 #3  
FAX 419-663-8405**

Date Received \_\_\_\_\_

Farm # \_\_\_\_\_ Tract \_\_\_\_\_

**Purpose**

To reduce sedimentation in the Great Lakes Basin through promotion of filter strips in Huron County.

**Target Audience**

Producers who crop land in Huron County.

**Goal**

To cost share \$300.00 per acre on 30 acres of Filter Strips saving 59 tons of soil per year.

**Eligible Component**

Cool season grass or alfalfa to be planted for field borders or roadside filter strips.  
Producer can make hay off filter strips.

**Requirements and Limitations**

- One time payment of \$300.00 per acre for filter strips on approved number acres. Subject to funding availability.
- Must maintain filter strip for five years.
- Maximum 5 acres per operation.
- Minimum width 10'. Maximum width 100'.
- Application must be approved by the Huron S.W.C.D. Board of Supervisors or District Manager.
- Filter strip seeding deadline is September 15<sup>th</sup>.
- Stand must be inspected by Huron S.W.C.D.
- It is applicant's responsibility to beware of adverse affects to cropping history requirements for future Farm Bill Program enrollment.

**Implementation checklist**

- Read and complete both sides of this application.
- Attach soils maps and aerial photographs showing the tracts and area that you plan to plant to filter strip.
- Return the application and attachments to the Huron S.W.C.D., 8 Fair Road, Norwalk, OH 44857
- The Huron S.W.C.D. Board of Supervisors will act on your application.
- The Huron S.W.C.D. will notify you of their decision.
- Following approval by the Huron S.W.C.D. Board of Supervisors or Manager you may plant the filter strip.
- Report completion to Huron S.W.C.D.
- Payment will be made after an adequate stand has been inspected by Huron S.W.C.D. and in accordance with this agreement and availability of the grant funding timeline.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL SECURITY # OR TAX ID for 1099 purposes \_\_\_\_\_

OWNER \_\_\_\_\_ OPERATOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

Are you interested in cost share on more acres if they become available \_\_\_\_\_ yes \_\_\_\_\_ no

OWN OR OPERATE \_\_\_\_\_ ACRES IN HURON COUNTY

Width \_\_\_\_\_ x Length \_\_\_\_\_ = \_\_\_\_\_ acres

What will be planted \_\_\_\_\_ Acres devoted to filter strip \_\_\_\_\_

To be planted when \_\_\_\_\_

I have read and understand all components of the Filter Strip application. Signatures of both the applicant and the Huron S.W.C.D. constitute a contract. I hereby waive all provisions of the law forbidding disclosure of any information which is relevant to this application and I hereby consent that such information be disclosed. I understand that failure to comply with this contract may subject me to repayment of grant funds received. Furthermore, I accept full responsibility for any adverse affects to cropping history for the purpose of enrollment into future Farm Bill Programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Allocated \$300.00 per acre X \_\_\_\_\_ acres = \$ \_\_\_\_\_

Approved \_\_\_\_\_ Yes \_\_\_\_\_ No

Huron S.W.C.D. Board Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**Certification of practice completed:**

\_\_\_\_\_ Date \_\_\_\_\_

**Applicant**

\_\_\_\_\_ Date \_\_\_\_\_

**Cary A. Brickner, District Manager**

Check \_\_\_\_\_ Date Paid \_\_\_\_\_