

**WINTER COVER CROP AGREEMENT**  
**Huron S.W.C.D. ~8 Fair Road~Norwalk, OH 44857**  
**419-668-4113 #3 Fax: 419-663-8405**  
**North Central Ohio Sediment Reduction Grant**  
**This project is funded by GLNPO through USEPA**

**Applicant Printed Name** \_\_\_\_\_  
**Date Received** \_\_\_\_\_

**Purpose**

To reduce sedimentation in the Great Lakes Basin through promotion of cover crops in one of the nine subwatersheds of the Huron and Vermilion River Watershed HUC 04100012: Clear Creek, Southwest Branch Vermilion River, East Branch Vermilion River, Chappel Creek, Old Woman Creek, Marsh Run, West Branch Huron River, Frink Run, and Norwalk Creek

**Target Audience**

Producers who crop land in one of the nine priority subwatersheds listed above.

**Goal**

To cost share \$26.00 per acre on 15,500 acres of cover crops by 2014

**Eligible Component**

Cover Crop : Plant eligible cover crops on cropland areas using EFOTG Appendix A seeding tables including winter wheat

**Requirements and Limitations**

- One time payment of \$26.00 per acre for cover crops on approved number of acres.
- Must maintain cover crop until March 1<sup>st</sup> of the following year.
- Follow NRCS standard 340 and NRCS Appendix A seeding tables.
- Application must be approved by the Huron S.W.C.D. Board of Supervisors or District Manager.
- Stand must be inspected by local SWCD.
- Cover crops must be destroyed, but cannot be destroyed mechanically, chemically, or by harvest until March 1<sup>st</sup> of the following year.
- Applicant agrees to place grant sign at visible location of practice.
- It is the applicant's responsibility to beware of crop insurance rules, other program conflicts ie Conservation Security Program, Conservation Reserve Program and affects to crop base, cropping history, or any rule that may affect the applicant adversely by planting a winter cover crop.
- If title to the land containing these practices is sold or transferred to another person or entity it shall be my (our) responsibility or my (our) designated representative's responsibility to advise the new owner that this agreement exists. Should the new owner(s) not agree in writing to properly maintain the practice(s) I (we) shall be subject to repay the full amount of grant monies that I (we) have received. Maintenance of the practice(s) during the life span of this contract is the full responsibility of the recipient(s) of these funds.

**Implementation checklist**

- Read and complete both sides of this application and all required attachments and sign.
- Attach soils maps and aerial photographs showing the tracts and area that you plan to plant the cover crops.
- Return the application and attachments to the local SWCD or 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 at the next board meeting.
- The Huron S.W.C.D. will notify you of their decision.
- A conservation plan will be developed by the local SWCD or NRCS and implemented by the applicant.
- Following approval by the Huron S.W.C.D. Board of Supervisors and completion of a conservation plan, you may implement the Best Management Practice (B.M.P.).
- Report completion to Huron S.W.C.D.
- Payment will be made after an adequate stand has been inspected by the local SWCD and after March 1<sup>st</sup> of the following year and submission of bills.

**Trafficking Victims of 2000**

**Prohibition Statement** - You as the recipient, your employees, subrecipients under this award and subrecipients' employees may not engage in severe forms of trafficking in persons during the period of time that the award is in effect; procure a commercial sex act during the period of time that the award is in effect; or use forced labor in the performance of the subaward under the award.

I have read and understand all components of the Cover Crop Agreement. Signatures of both the applicant and the Huron S.W.C.D. constitute a agreement. 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 agreement 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** \_\_\_\_\_

**Applicant Information:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

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

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

How many acres do you operate in the watershed \_\_\_\_\_

CROP ROTATION \_\_\_\_\_

TILLAGE \_\_\_\_\_

FARM \_\_\_\_\_ TRACT \_\_\_\_\_ FIELDS \_\_\_\_\_

Office will determine:

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Priority Subwatershed \_\_\_\_\_

Acres devoted to the practice. \_\_\_\_\_

To be completed when \_\_\_\_\_ Cover Crop to be planted \_\_\_\_\_

**Approval Status:**

Allocated \$26 per acre X \_\_\_\_\_ acres = \$ \_\_\_\_\_

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

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

**Certification of practice completed:**

\_\_\_\_\_  
Applicant Date \_\_\_\_\_

\_\_\_\_\_  
District Administrator Date \_\_\_\_\_

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

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