



All Applications must be submitted by August 31, 2021

Producer Contact Name _____

Entity Name _____

(If producer wants payment to go to Farm or Entity)

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Tax/Supplier* ID _____ Date _____

Location of Farm Headquarters – Latitude _____ Longitude _____

Soil & Water Conservation District _____

Please indicate if you are one of the following:

SWCD Staff* SWCD Board Member * ODA Staff

* SWCD staff and SWCD board member applications must be submitted to The ODA-Division of Soil and Water Conservation at: DSWC@agri.ohio.gov or to DSWC, 8995 E. Main Street, Reynoldsburg, Ohio 43068. SWCD board and staff members will need to create an OH/ID and Supplier Account with the Ohio Shared Services. Contracts will not be approved until Supplier ID is submitted to ODA.

Practice	Acres	Amount \$
Voluntary Nutrient Management Plan Development - \$10.00/Ac.	10	\$ 100.00
Conservation Crop Rotation – Small Grains - \$35.00 /Ac.	10	\$ 350.00
Overwintering Cover Crops - \$25.00 /Ac.	10	\$ 250.00
Total Funds		\$ 700.00

The undersigned producer/entity agree to the following and shall:

1. Certify the acreage under this application is not enrolled or benefiting from any other incentive program(s), e.g. USDA Farm Bill, for the conservation practice(s) indicated on the signed application form.
2. Implement planned practice(s) according to required technical specifications and completed by or before the dates listed below:
 - a. Overwintering Cover Crop must be seeded by **October 15, 2021**
 - b. Voluntary Nutrient Management Plan Development must be completed by **March 31, 2022**

Clear Form

Save Form As

Print Form



I (We) understand that this application DOES NOT obligate the State of Ohio or the respective Soil and Water Conservation District. I understand that if my application is approved and an contract is executed, failure to implement all components of a practice(s) or follow the design criteria for the practice(s) will nullify the Contract for that specific practice(s) and any associated incentive payment allocated to the producer/entity. I understand that all incentive payments will be based on verified, completed practices as documented in the SWCD Beehive Reporting System. Incentive payments for practice implementation in contingent on funding availability pursuant to Section 126.07 of the Ohio Revised Code.

I hereby state that I have read this application and understand the terms and conditions contained herein and have authority to sign this application.

Agreed to by:

_____ Date: _____
Producer/Entity signature

Print Name