

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ (Required for 1099)

[illegible]

- 1

- The participant agrees that the below-referenced dollar amount is due to him/her based on approved acres of cover crop installed.
- **Seed must be tested for germination and weed seed content by ODA to be used in this program**
- **Plantings that do not follow NRCS standards such as seeding rates, dates and approved methods will not be eligible for this program**
- **Plantings that are total failures due to herbicide carryover will not receive the approved cost share for that field(s)**
- **SWCD will be notified with 5 days of field(s) being planted.**
- Due to conditions beyond Richland SWCD control, the District in no way guarantees either expressed or implied, the successful establishment of a crop through this program.
- The participant(s) shall hold Richland SWCD, MWCD and its assigned harmless from all damages for injuries or death to persons or property as a result of this program.
- Participant(s) give Richland SWCD and its assigned permission to enter and exit property as needed to verify completion of this program prior to payment. (site checks, gathering data, etc.)
- Richland SWCD and its assigned reserve the right to modify this program. Richland SWCD programs and services are conducted without regard to race, color, national origin, sex, age, marital status, sexual orientation, handicap, or other prohibited criteria.
- Signing this document acknowledges your acceptance of the above terms and conditions.

Total due participant = \_\_\_\_\_

Participant(s) Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Richland SWCD

District Representative Signature:\_\_\_\_\_