

- Application will be date stamped with received date.
- Applications will follow a ranking process.
- Cap of 200 acres unless fields are above the approved list of MWCD Lakes.
- Seeding will take place by the NRCS specification dates for selected cover crop.
- Provide any necessary requested information to _____ SWCD as needed.
- Agreement to be signed once application is approved and prior to release of payment.

- **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)**
- **Participant will notify the SWCD within 5 days of field(s) being planted.**
- **Land owned by MWCD and leased from MWCD is not eligible for the program**

Disclaimers:

- Due to conditions beyond the SWCD control, the District in no way guarantees, either expressed or implied, the successful establishment of a crop through this program.
- The participants shall hold _____ SWCD, MWCD and its assigned harmless from all damages for injuries or death to persons or property as a result of this program.
- _____ SWCD and its assigned reserve the right to modify this program.
- Participant(s) give _____ 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.)
- _____ SWCD programs and services are conducted without regard to race, color, national origin, sex, age, marital status, sexual orientation, handicap, or other prohibited criteria.

Participant(s) Signature: _____ Date: _____

District Representative Signature: _____

_____ SWCD

2022 _____ **Soil & Water Conservation District**
Voluntary Nutrient Management Plan Application

Cropland or Grazing (please circle which one)

All Applications must be submitted by July 15th, 2022

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 members applications must be submitted to an SWCD office outside of the applicant's home County, contact your Program Specialist for specific instructions*

Practice	Acres	Amount \$
Voluntary Nutrient Management Plan Development - \$10.00/Ac.		\$ 0.00
Total Funds		\$ 0.00

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. Voluntary Nutrient Management Plan Development must be completed by **March 31, 2023**

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 a 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.

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