

Residue and Management Practices

Practice Maintenance Agreement and Eligibility Certification Form (For 1-Year or less contracts only)

DISTRICT/GRANTEE: Taylor County

Indicate the Type of Practice Applying for:

- No-till
- Ridge-till
- Strip-till
- Cover Crop
- Nitrification Inhibitor

I agree not to remove, alter or modify the practice as built and to maintain the practice, which includes:

1. Maintaining seeding associated with the practice and ensuring sufficient cover or stand;
2. Avoiding tillage or any other action that could threaten the integrity of the practice
3. Cover crops shall not be mechanically or chemically terminated prior to the spring of the following planting season
4. Undertake any action that would prevent the practice from meeting NRCS practice specifications (if applicable)

I agree that if the provisions outlined above are not met or I am found not eligible to receive payment of funds under these programs, for any reason, I will be required to refund the Iowa Department of Agriculture and Land Stewardship the full amount of the financial incentive payment received.

Applicant Signature

Date

Applicant Eligibility Certification

I, _____, certify that I *have never* used _____
before in my farming operation. *have* _____ *Practice Type*

Applicant Signature

Date

For Office Use Only:

FARMS ID #: _____

Program: _____