2024 Cover Crop Application Taylor County SWCD

Name:	Social Security Number:					
Address:						
City:	State:		_ Zip:			
Phone:	(Home / Cell)	Email:				
Location of Cover Crops:			-			
Township:		Section#: _				
Planned Acres of Cover Crops: _	Tract#:					
X						
Signature of Applicant			Date			

Please fill this out to help us better understand your goals.						
2024 Crop:	CORN	BEANS	OTHER			
2025 Crop:	CORN	BEANS	OTHER			
Cover Crop	of Choice:	Rye	Wheat	Triticale	Multi-Specie Mix	I don't know
Application	Method:	Aerial	Drill	Broadcast		
Will the cover crop be grazed or used for livestock? YES NO						
Any Additional Goals?: Suppress weeds & break pest cycles Reduce erosion from wind/water Suppress weeds & break pest cycles Increase soil organic matter Provide supplemental forage Manage excess nutrients in the soil Improve soil moisture use efficiency Promote biological nitrogen fixation Minimize soil compaction						

Residue and Management Practices

Practice Maintenance Agreement and Eligibility Certification Form

(For 1-Year or less contracts only)

DISTRICT/GRANTEE: TAYLOR SWCD

Indicate the Type of Practice Applying for:

- O No-till
- O Strip-till

X

Cover Crop Nitrification Inhibitor

Ridge-till

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. I also agree that I will provide documentation of the expenses associated with my Cover Crop and/or Nitrification Inhibitor application to the District by <u>April 1st</u> or my application will be canceled, and I will forfeit my cost share payment.

X		1955			
Applicant Signature			Date		
Appl	licant Eligibilit	y Certification			
l,	, certify that I	🔿 have never	used	COVER CROPS	
before in my farming operation.		🔘 have		Practice Type	
X					
Applicant Signature		19	Date	6	
	and the second				
For Office Use Only:					
FARMS ID #:	_ 8				

Program:	