



COVER CROP INCENTIVE PROGRAM APPLICATION

Name: _____

Address: _____

Tel.#: _____ Email: _____

List farms for consideration (Acres will be based on number of applicants)

1. Farm name: _____ Tract #: _____
location/address: _____
field# _____ acres: _____ current crop: _____
field# _____ acres: _____ current crop: _____
field# _____ acres: _____ current crop: _____
field# _____ acres: _____ current crop: _____

List farms for consideration (Acres will be based on number of applicants)

2. Farm name: _____ Tract #: _____
location/address: _____
field# _____ acres: _____ current crop: _____
field# _____ acres: _____ current crop: _____
field# _____ acres: _____ current crop: _____
field# _____ acres: _____ current crop: _____

List farms for consideration (Acres will be based on number of applicants)

3. Farm name: _____ Tract #: _____
location/address: _____
field# _____ acres: _____ current crop: _____
field# _____ acres: _____ current crop: _____
field# _____ acres: _____ current crop: _____
field# _____ acres: _____ current crop: _____

Total Acres _____

**If you need more space, attach a separate sheet with required information

Type of Cover Crop

- Winter Wheat
 - Barley
 - Other: _____
 - Multi Species: _____
- Rye
 - Triticale

*Note: Multi Species cover crops must include at least 15% broadleaf species.

Additional Information

How will cover crop be planted? Broadcast Drilled No-Till

Will **any** type of tillage be used to plant cover crop? _____
If yes, what type? _____

Watershed (if known) _____

Do you have a Chapter 102 Agricultural Erosion and Sediment Control Plan or equivalent?

- Yes No

Do you have a Chapter 91 Manure Management Plan or Nutrient Management Plan or equivalent? Yes No

Have you used cover crops in the past? Yes; # of Years _____ No

What will be done with the cover crop in the spring? Harvested Terminated

Will manure be applied to cover crop? Yes No

If so, what type: Liquid Bed-pack Litter

Are you receiving any other funding for planting cover crops? _____

If so, how many acres? _____

Source of seed: _____

I certify that I have read the requirements of the Centre County Conservation District Cover Crop Incentive Program and agree to be bound by these requirements if I am selected to receive funding under this program.

Operator Signature

Date

Application **approved** by the
CENTRE COUNTY CONSERVATION DISTRICT
BOARD OF DIRECTORS

(date)