

2019 Muskingum Watershed Conservancy District Cover Crop Program is offering \$12.00/acre with a cap of 200 approved acres per applicant across eligible counties in the jurisdictional boundary of the MWCD District unless fields are located within one of the specified MWCD Lake watersheds.

Sign up:

- Submit application to Tuscarawas SWCD prior to sign up deadline of **July 5, 2019**.
- If receiving points for having up to date soil testing, producers will supply the soil tests for review with SWCD staff to discuss results. Tests must be within the last 3 years.
- 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 Tuscarawas SWCD as needed.
- Agreement to be signed once application is approved and prior to release of payment.
- Producers enrolled in the program with two (2) consecutive years of zero (0) approved fields being planted and turned in to the SWCD, will be capped at 50 acres approved for 2018.

- **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 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: _____

- \$15.00 per approved acre will be reimbursed to the participant with a 200 acre cap (unless otherwise approved above MWCD Lakes) once cover crop has been installed and receipt/invoice is turned into Tuscarawas SWCD for the amount of acres installed. Participant responsible for all costs associated with implementation and install of cover crop.
- 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 Tuscarawas 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 Tuscarawas 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 Tuscarawas 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.)
- Tuscarawas SWCD and its assigned reserve the right to modify this program. Tuscarawas 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 to participant = _____

Participant(s) Signature: _____

Date: _____

Tuscarawas SWCD
District Representative Signature: _____