

2020 Agricultural Best Management Practices for Water Quality Application

St. Joseph County Soil and Water Conservation District
2903 Gary Drive, Plymouth, IN 46563
574-936-2024 x4

The St. Joseph County Soil and Water Conservation District is working to improve water quality by promoting and providing cost share for practices in the conservation cropping system (CCS) (no-till, cover crops, nutrient management, filter strips, and pollinator habitat). The goal of this program is to encourage producers to utilize all aspects of the cropping system which will increase soil health and improve water quality. The SWCD will cost share practice acres as follows:

- No-till - \$15.00/ acre (max 200 acres per producer/1 year practice lifespan)
- Cover crops - \$20.00/ acre (max 200 acres per producer/1 year practice lifespan)
- Nutrient management - \$20.00/ acre (max 200 acres per producer/1 year practice lifespan)
- Filter strips - \$350.00/ acre (max 6 acres per producer/5 year practice lifespan)
- Pollinator Habitat (native wildflower planting)– cost share 75% (up to \$750)/acre (minimum of ½ acre up to 10 acres/5 year practice lifespan)

Requirements and Limitations

- The Tract#/Farm# must be physically located within St. Joseph County, IN
- Instructions in the form of a “Job Sheet” will be issued and the producer will be required to follow the Job Sheet. The producer will also be required to sign a Practice Completion Certification Form, attesting to having followed the Job Sheet. The Job Sheet will be based upon the NRCS FOTG (Field Office Technical Guide).
- Cost share is subject to funding availability. Bills for expenses must be turned in to the St. Joseph County SWCD by **December 1, 2020.**
- If the practice is NOT completed within a year of application approval a new application will need to be submitted.
- Funding on wheat and permanent hay cover crops are not eligible.
- There is no cost share for existing practices.
- Application must be approved by the St. Joseph County SWCD Board of Supervisors.
- Practice must be inspected by St. Joseph County SWCD or Designated Representative.
- It is the applicant’s responsibility to be aware of adverse effects to cropping history requirements for future Farm Bill Program enrollment.

Implementation checklist

- Read and complete this application, which includes providing the Tract # / Farm # for the location.
- Return the completed application to the St. Joseph County SWCD.
- The St. Joseph County SWCD Board of Supervisors will act on your application.
- If approved by the St. Joseph County SWCD Board of Supervisors, you may implement the practice per the Job Sheet provided to you.
- Report completion to the St. Joseph County SWCD by **December 1, 2020.**
- Payment will be made after bills/expenses have been turned in to the St. Joseph County SWCD, and after the practice has been inspected in accordance with this agreement. Bills must be provided by **December 1, 2020.** Payment will be made by **December 31, 2020.**

_____ By initialing here I certify that I have read and understand the requirements of the grant

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NAME _____

ADDRESS _____

CITY _____ TOWNSHIP _____

ZIP _____ PHONE _____ EMAIL _____

SOCIAL SECURITY # OR TAX ID for 1099 purposes _____

OWNER _____ OPERATOR _____ PARTNERSHIP _____ (choose one)

Farm # _____
Tract# _____

(For office use only)
Contract 2020-

1. Is Applicant receiving other funding sources for any conservation cropping system (CCS) practices on this same tract _____ yes _____ no
2. If yes, which practice/ practices? _____
3. What is the normal crop rotation for this tract? _____
4. What is the normal farming operation for this tract (for example: no-till, spring plow, etc.)?

5. Which practice(s) are you applying for? (please list all) _____
6. Does the Applicant have control of land for the duration of the program? _____ yes _____ no

I have read and understand all components of the "Agricultural Best Management Practices for Water Quality Application" application.

Signatures of both the applicant and the St. Joseph County SWCD constitute a contract. I hereby waive all provisions of the law forbidding disclosure of any information which is relevant to this application and I hereby consent that such information be disclosed. I understand that failure to comply with this contract may subject me to repayment of grant funds received. Furthermore, I accept full responsibility for any adverse effects to crop insurability, crop bases, or contract duplication.

Applicant's Signature _____

Date _____

*** FOR OFFICE USE ONLY ***

Allocated \$ _____ per acre x _____ = \$ _____

Application Approved _____ Yes _____ No

St. Joseph County SWCD Board Supervisor

Date