



FRANKLIN COUNTY  
CONSERVATION DISTRICT

**COVER CROP INCENTIVE PROGRAM  
APPLICATION (ACAP FUNDED)**

Name and Address

\_\_\_\_\_ Telephone# \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

List farms for consideration (Limit of 200 acres/operator)

1. Farm name: \_\_\_\_\_ Tract #: \_\_\_\_\_

location/address: \_\_\_\_\_

(check one)

field# \_\_\_\_\_ acres \_\_\_\_\_ Single Species \_\_\_\_\_ Multi-Species \_\_\_\_\_

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field# \_\_\_\_\_ acres \_\_\_\_\_ Single Species \_\_\_\_\_ Multi-Species \_\_\_\_\_

2. Farm name: \_\_\_\_\_ Tract #: \_\_\_\_\_

location/address: \_\_\_\_\_

(check one)

field# \_\_\_\_\_ acres \_\_\_\_\_ Single Species \_\_\_\_\_ Multi-Species \_\_\_\_\_

field# \_\_\_\_\_ acres \_\_\_\_\_ Single Species \_\_\_\_\_ Multi-Species \_\_\_\_\_

field# \_\_\_\_\_ acres \_\_\_\_\_ Single Species \_\_\_\_\_ Multi-Species \_\_\_\_\_

field# \_\_\_\_\_ acres \_\_\_\_\_ Single Species \_\_\_\_\_ Multi-Species \_\_\_\_\_

3. Farm name: \_\_\_\_\_ Tract #: \_\_\_\_\_

location/address: \_\_\_\_\_

(check one)

field# \_\_\_\_\_ acres \_\_\_\_\_ Single Species \_\_\_\_\_ Multi-Species \_\_\_\_\_

field# \_\_\_\_\_ acres \_\_\_\_\_ Single Species \_\_\_\_\_ Multi-Species \_\_\_\_\_

field# \_\_\_\_\_ acres \_\_\_\_\_ Single Species \_\_\_\_\_ Multi-Species \_\_\_\_\_

field# \_\_\_\_\_ acres \_\_\_\_\_ Single Species \_\_\_\_\_ Multi-Species \_\_\_\_\_

Total Acres \_\_\_\_\_

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

**Type of Cover Crop (check those that apply)**

<input type="checkbox"/> Winter Wheat	<input type="checkbox"/> Clover
<input type="checkbox"/> Cereal Rye	<input type="checkbox"/> Hairy Vetch
<input type="checkbox"/> Winter Barley	<input type="checkbox"/> Winter Peas
<input type="checkbox"/> Triticale	<input type="checkbox"/> Canola/Rape
<input type="checkbox"/> Annual Ryegrass	<input type="checkbox"/> Forage Radish (must be in mix only)
<input type="checkbox"/> Multi 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 (NRCS Conservation Plan)?

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 \_\_\_\_\_ No \_\_\_\_\_ # of Years \_\_\_\_\_

Will manure be applied to cover crop? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what type: \_\_\_\_\_ Liquid \_\_\_\_\_ Bedded Pack \_\_\_\_\_ Litter

Are you receiving any other funding for planting cover crops? \_\_\_\_\_

If so, how many acres? \_\_\_\_\_

Source of seed: \_\_\_\_\_

**Farm maps with field and acreage information must be submitted with application.**

I certify that I have read the requirements of the Franklin 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

\_\_\_\_\_  
Operator Name (printed)

Application **approved** at  
Franklin County Conservation District  
Board of Directors meeting on

\_\_\_\_\_  
(date)