

LAKE ERIE NUTRIENT REDUCTION PROJECT-Phase 2 #14BROK-GLRI-011

This Project funded through the Great Lakes Restoration Initiative funds thru OEPA

PARTICIPANT APPLICATION

(June 1, 2015)

Applicant: Please print or type all requested information. If you have questions, contact the Crawford Soil and Water Conservation District Office at (419) 562-8280. Once completed, return this application to Crawford SWCD 3111 State Route 98 Bucyrus, OH 44820. Please attach an aerial map of the tract.

APPLICANT INFORMATION:

Name: _____ SS#/Tax ID#: _____

Mailing Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Cell Number: _____ Text Messages: Y ___ N ___

Email: _____

FSA Tract number that the practice(s) will be implemented (*Attach Map*): Tract#: _____ Field #: _____

LIST EACH SEPARATE PRACTICE YOU ARE APPLYING FOR:

<u>PRACTICE</u>	<u>AMOUNT</u>	<u>PRACTICE</u>	<u>AMOUNT</u>
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

PARTICIPANT INFORMATION FOR THE TRACT UNDER THIS APPLICATION:

Practice location: Township _____ Section No. _____

Watershed: ___ Loss Creek ___ Allen Run ___ Upper Brokensword
___ Lower Brokensword ___ Sycamore Creek

Crop rotation (year) and tillage (method and time):

<u>Crop</u>	<u>Year</u>	<u>Yield</u>	<u>Tillage Method</u>	<u>Time of Tillage</u>	<u>Cover crop</u>
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Nutrient management (Time, Rate, Type, Placement) for each crop listed above:

<u>Crop</u>	<u>Type</u>	<u>Rate</u>	<u>Placement</u>	<u>Time</u>
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- Soil test: ___ Standard ___ Grid Date: _____ Acres/Sample: _____
- Cover crops currently utilized? ___ Yes ___ No
- Are cover crops harvested, hayed or grazed? ___ Yes ___ No
- Will cover crops be No Tilled? ___ Yes ___ No
- Tile drainage? ___ None known ___ Periodic ___ Systematic Surface Inlets?: ___ Yes ___ No
- Manure Application? ___ Yes ___ No Type and Rate: _____ Analysis: ___ Yes ___ No
- Is this field continuous No Till (no full width tillage)? ___ Yes ___ No
- Practice is *adjacent* to stream or ditch? ___ Yes ___ No Distance to nearest water: _____

I affirm that the answers I have made to application questions are complete and accurate. I understand that failure to comply with grant project requirements may subject me to repayment of funds received.

Applicant Signature

Date

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PROJECT GUIDELINES and REQUIREMENTS

1. All practice locations must be within the Loss Creek, Allen Run, Brokensword Creek or Sycamore Creek watersheds. When necessary, practice locations will be determined by contour maps and will be subject to final approval by the SWCD personnel.
2. The applicant must agree to implement an SWCD approved management plan for tracts accepted into any portion of this grant program. Non-compliance with any portion of this grant may result in revocation of grant funds received by the applicant.
3. Practices with an engineering component implemented or installed through this grant shall follow the USDA NRCS standards and specifications, unless otherwise determined by a professional engineer. All non engineered practices implemented or installed through this grant shall use standards and specifications recommended by the USDA NRCS, OSU Extension or other reputable source.
4. Cover crops may be harvested, hayed or grazed as long as a minimum of 3" of cover remains after removal and the integrity of the cover crop has not been compromised. All SWCD rulings or decisions in this matter shall be final.
5. In an emergency situation, cover crops may be terminated after November 1st *only with prior SWCD approval.*
6. Termination or tillage of cover crops is NOT permitted until after March 15th. No till methods for planting the following crops are highly encouraged.
7. Participant must submit bills and/or receipts for implementation of practices in order to receive payment.
8. Applications for funding may be evaluated based, in part, on the answers provided on page 1 of this application. It may become necessary for SWCD to rank and prioritize applications for funding, at which time, any decisions regarding application ranking and funding priority will rest with solely the SWCD.
9. The maximum farm payment for Drainage Water Management practices shall not exceed \$6,000 per operation. Maximum \$300/ac payment.
10. The Crawford SWCD Board of Supervisors has the authority to accept or reject any or all applications for any reason.
11. The Crawford SWCD reserves the right to make changes to the application form and ranking criteria as necessary, including but not limited to acreage limits and/or payment caps.

PROJECT INFORMATION FOR USE BY SWCD

Date Application Received: _____ Date Application Approved: _____

Date Conservation Plan Approved: _____

1) Practice Implemented: _____ Amount: _____ Estimated Pmt: _____

Practice Completion: Certified by _____ Date _____

Date Payment Approved: _____ Check Number: _____ Actual Payment Amount: _____

2) Practice Implemented: _____ Amount: _____ Estimated Pmt: _____

Practice Completion: Certified by _____ Date _____

Date Payment Approved: _____ Check Number: _____ Actual Payment Amount: _____

3) Practice Implemented: _____ Amount: _____ Estimated Pmt: _____

Practice Completion: Certified by _____ Date _____

Date Payment Approved: _____ Check Number: _____ Actual Payment Amount: _____

Remarks:
