

# Chesapeake Bay Program Cover Crop Application

# Sign up period: July 5, 2023 through August 4, 2023 Practices MUST be completed by October 30, 2023



| Name                  | Farm Number/Name |
|-----------------------|------------------|
| Address               | Tract #          |
|                       | Field #          |
| Good Day Time Phone # | Email Address    |

# **Best Management Practice (BMP) applied for:**

| ВМР            | Limits                 | Cost-Share Rate  | Amount applied for | Current<br>Crop | Crop to be planted |
|----------------|------------------------|--|--------------------|-----------------|--------------------|
| Cover<br>Crops | Not to exceed 50 acres | Flat rate \$50/ac. Must be planted by October 30 <sup>th</sup> Max Payment of \$2,500.00 | acres              |                 |                    |

## A. Description and Purpose

1. Cost-share payments are provided for the establishment of vegetative cover on cropland for protection from rain and wind erosion and the reduction of nutrient losses to groundwater.

#### **B.** Polices for Practice:

- 1. Applicant must be a District Cooperator.
- 2. A W-9 tax form will be required with application for District tax purposes.
- 3. Cost share is available to owner or lessee.
- 4. Applicant must provide one of the following documents: Written lease for current time period, Current Farm Service Agency Farm Data Report or WVCA Operator Form. This will describe who is the owner and/or lessee.
- 5. The applicant, if a member of a legal entity, must provide a copy of a CCC-901 Form stating who the members are.
- 6. The applicant must have a Farm Use Evaluation for this property.
- 7. Applicants must provide a map identifying tract and field where the proposed planting will be.
- 8. Approvals will be final in the first week of September.
- 9. Application approvals will be made based upon availability of funds and order received.
- 10. Invoices must be submitted by November 18, 2023 4:00PM.

#### **C.** Practice Specifications:

- 1. All seed must be free of prohibited noxious weed seed and have a minimum germination rate of 80%. If the grower elects to use home grown seed, it must be tested for purity, germination and noxious weeds prior to seeding by a recognized seed laboratory.
- 2. Practice must be completed by October 30, 2023.
- 3. The cover crop residue may be left on the field for conservation purposes; or the cover crop or its residue may be tilled under; or the cover crop may be harvested after April 1<sup>st</sup>.
- 4. Life span of this practice is a minimum of 1 year.

| Some of the recommended seed type and planting rates |           |  |                   |          |  |  |  |
|--|-----------|--|-------------------|----------|--|--|--|
| are listed in the following table:                   |           |  |                   |          |  |  |  |
| Species  | Rates/ ac |  | Species           | Rates/ac |  |  |  |
| Wheat  | 2 bu.     |  | Crimson Clover    | 20 lbs.  |  |  |  |
| Cereal Rye   | 2 bu.     |  | Red Clover        | 15 lbs.  |  |  |  |
| Spring Oats  | 2 bu.     |  | White Clover      | 12 lbs.  |  |  |  |
| Barley   | 2 bu.     |  | Ryegrass          | 40 lbs.  |  |  |  |
| Triticale  | 2 bu.     |  | Bluegrass         | 40 lbs.  |  |  |  |
| Annual Ryegrass                                      | 30 lbs.   |  | Smooth Bromegrass | 40 lbs.  |  |  |  |
| Hairy Vetch  | 30 lbs.   |  | Orchardgrass      | 40 lbs.  |  |  |  |
| Crownvetch   | 5-20 lbs. |  | Timothy           | 40 lbs.  |  |  |  |
| Mixed: Radish, peas, etc.                            | Consult   |  | Birdsfoot Trefoil | 10 lbs.  |  |  |  |

### D. Payment rates & limits:

- 1. The maximum cost-share for this practice is \$50/ac by the October 30<sup>th</sup> Plant Date
  - **Max Payment of \$2,500.00**
- 2. Maximum of 75 acres per producer.
- 3. Practice must be completed by October 30, 2023
- 4. The payment will be made within 45 days after invoices are submitted and AEP representative has made a site visit.
- 5. No duplication of federal or state cost-share shall be allowed.

|  |         | OFFICE USE ONLY:           |  |  |
|--|---------|----------------------------|--|--|
| By signing this I have read, understood, and agreed to the terms and conditions. |         | Date Received:             |  |  |
| stated in this document.   |         | Time Received:             |  |  |
|  |         | Ranking Score:             |  |  |
| Applicant's Signature:   | _ Date: | - If Approved:             |  |  |
|  |         | District Bd Date Approved: |  |  |
|  |         | Verification #:            |  |  |

Revised: May 25, 2016