



Maryland Department of Agriculture  
 Maryland Agricultural Cost-Share Program (MACS)

**CURRENT NUTRIENT MANAGEMENT PLAN CERTIFICATION**

Participants of MACS cost-share programs must certify that the agricultural operation associated with the cost-share practice(s) is following a *current* Nutrient Management Plan (NMP), to the extent required by COMAR 15.20.07. This form must be submitted to the local Soil Conservation District (SCD) office *when applying* to the MACS Program.

The SCD shall include a copy of this form with any MACS cost-share application. Applications received without this form, or with a form that is missing information, will be considered incomplete. Exception: This form may be submitted at the claim stage for Manure Transport and Manure Injection projects.

**Section I. To be filled out by the Certified Nutrient Management Plan Preparer**

Farm Operator Name(s)				
Farm Name (if applicable)				
Address				
	Number	Street		
	City	State	ZIP	County
Plan Preparer Name				
Certification No.		License No. (if applicable)		
Date the NMP was prepared or updated		Total Acres Under Plan		
Period the plan covers:	Begin Date		End Date	
I certify that the NMP information for the farm operation listed above is true and correct. I understand that if this information has been falsified, my certification and/or license may be revoked.				
Signature				
	Certified NM Consultant or Certified Farm Operator			Date

**Section II. Farm Operator Certification**

I certify that: (1) my farm is operating under a current nutrient management plan for the time period indicated above and, (2) my nutrient management plan was developed by the plan preparer named above.	
Signature	
	Farm Operator
Print Name	
	Date

**Section III. Landowner Information**

(Fill out this section only if the landowner is applying for cost-share and is *not* the agricultural operator of the land)

Landowner Name				
Address				
	Number	Street		
	City	State	ZIP	County