

**STATE OF MARYLAND
MARYLAND DEPARTMENT OF AGRICULTURE**

APPLICATION FOR FINANCIAL ASSISTANCE
Department Grant: *Developing a Healthy Soils Program to Increase Soil Health Practice
Adoption and Engagement in Maryland*

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

This project is to be installed on the land in _____ County, described as:

Parcel # (DAT): _____

USDA Field #(s) for Practice Implementation: _____

USDA Farm and Tract #(s) Practice Implementation: _____

USDA Field #(s) for Control: _____

USDA Farm and Tract #(s) for Control: _____

Practice Selection:

Selection	Practice	Rate per Acre	Implementation Acres	Subtotal
	Residue and Tillage Management, No-Till or Reduced Till	\$18		
	Multi-species Cover Crop (without MACS program participation)	\$55		
	Multi-species or Extended Season Cover Crop (incl. MACS program participation)*	\$10		
	Prescribed Grazing	\$35		
	Precision Nutrient Management	\$40		
TOTAL ESTIMATED FINANCIAL ASSISTANCE				

* Fields eligible for MACS traditional cover crop program can receive an additional \$10 per acre as participation incentive; however, MACS enrolled fields must be extended season (before October 1 planting and post May 1 termination) or multi-species.

** Maximum funding per participant is \$5,000 annually

Participant Expectations: The participant shall:

1. Commit up to 3 years of practice implementation on the same field(s) identified on application form;
2. Allow the collection of soils assessment data on the participating field(s), and an adjacent control field, including 1) Maryland Soil Health Card, and 2) soil samples. Financial assistance for the soil samples may also be made available by MDA.
3. Allow representative(s) of the Department, upon reasonable notice, to visit the project at any time during the project life.

I understand that I am not guaranteed cost-sharing funds until I have received a letter of approval and a copy of my signed and dated agreement from the Maryland Department of Agriculture. In order to receive payments for implementation of this practice, I acknowledge that I must be in compliance with the State's nutrient management requirements (Md. Agric. Code Ann., §§8-801—8-806 and COMAR 15.20.06-08).

Signature

Date

Print Name



Maryland Department of Agriculture

CURRENT NUTRIENT MANAGEMENT PLAN CERTIFICATION

Participants of MDA financial assistance 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 MDA at time of application.

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

Farm Operator Name(s)				
	Farm Name (if applicable)			
	Address			
	Number	Street		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City		State	ZIP
				County
Plan Preparer Name	Certification No.			
		License No. (if applicable)		
Date the NMP was prepared or updated	<input type="text"/>		Total Acres Under Plan	<input type="text"/>
Period the plan covers:	Begin Date	<input type="text"/>		End Date
		<input type="text"/>		<input type="text"/>
I certify that the NMP information for the farm operation listed above is true and correct. I understand that if this information is determined to be false, my certification and/or license may be revoked.				
Signature	<input type="text"/>			<input type="text"/>
	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	<input type="text"/>			<input type="text"/>
	Farm Operator			Date
Print Name	<input type="text"/>			<input type="text"/>