

Kent Conservation District

Cover Crop Program

Fiscal Year 26

**Cover Crop
Planting Certification Form**

Certification 1 of 2

PLEASE PRINT CLEARLY

Name

Address

Phone No.

City, State, Zip

Amount Paid

I certify that no manure and/or fertilizer will be applied until on or after February 15.

Applicant initials

**Total Funds Approved (see other side) for Planting, Destruction must follow for any payment
= \$ _____**

I certify that the above information is true and correct and that the acreage reported on the back of this form has been planted. I further certify that the practice for which the cost-sharing was requested was performed in accordance with the Natural Resources Conservation Service practice specifications and other program requirements. I hereby apply for payment to the extent that the Kent Conservation District has determined that the practice has been performed.

Applicant Signature (early planting)

Date

Applicant Signature (late planting)

Date

I certify that the above crops have been planted and are eligible to receive cost-share assistance.

Signature of Technician _____

Date _____

Payment Approval

Signature of District Chairman _____

Date _____

Watershed _____

Senatorial District _____

Levy Court District _____

Representative District _____

* Maximum cost-share assistance is \$50,000 per applicant
to be paid after destruction.

Planting Certification Form for FY 2026	
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Applicant Name _____

[illegible]

Early Planting	_____	X \$ 60.00	\$ _____
Early Aerial	_____	X \$ 65.00 =	\$ _____
Late Planting	_____	X \$ 50.00 =	\$ _____
Late Aerial	_____	X \$ 55.00 =	\$ _____
		=	\$ _____

= \$ _____ Total Planting Cost Share