Kent Conservation District **Cover Crop Program**

Fiscal Year 27

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 2027

Applicant Name _____

	Farmer/Landowner Portion							Office Use Only	
	Farm Number	Tract Number	Acres Planted	Type of Cover Crop	Previous Crop	Planting Date	Planting Method (aerial, broadcast, drill)	Inspectors Initials	Date Inspected
Early Planted									
Late Planted									

Early Planting _____ **X $ 60.00** **$**_____

Early Aerial _____ **X $ 65.00 =** **$**_____

Late Planting _____ **X $ 50.00 =** **$**_____

Late Aerial _____ **X $ 55.00 =** **$**_____

= **$**_____

= $ _____ **Total Planting Cost Share**