

PROGRAM APPLICATION FORM



Producer Contact Name _____

Entity Name _____

(If producer wants payment to go to Farm or Entity)

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Tax ID Number _____ **Date** _____

Location of Farm Headquarters - Latitude _____ **Longitude** _____

Soil & Water Conservation District _____

Please indicate if you are one of the following:

SWCD Staff* SWCD Board Member * ODA Staff

* SWCD staff and SWCD board member applications must be submitted to The ODA-Division of Soil and Water Conservation at: DSWC@agri.ohio.gov or to DSWC, 8995 E. Main Street, Reynoldsburg, Ohio 43068

Voluntary Nutrient Management Plan Development - \$2.00/Ac. _____ **Acres** \$ _____

Nutrient management plan development is a one-time payment and plans must be approved prior to any other practices.

	Practice	2021		2022 ¹		2023 ¹	
		Acres/Str	Dollars	Acres/Str	Dollars	Acres/Str	Dollars
1	Voluntary Nutrient Management Plan Implementation - \$2.00/Ac.						
2	Variable Rate Phosphorus Application - \$8.00/Ac.						
3	Subsurface Phosphorus Placement - \$30.00/Ac.						
4a	Manure Incorporation - Poultry Litter - \$35.00 /Ac.						
4b	Manure Incorporation – All other manure \$60.00/Ac.						
5a	Conservation Crop Rotation – Small Grains - \$35.00 /Ac.						
5b	Conservation Crop Rotation – Forage - \$35.00 /Ac.						
6	Overwintering Cover Crops - \$25.00 /Ac.						
7	Drainage Water Management w/o Submain - \$1,500 per Structure						
	Drainage Water Management w/Submain - \$4,000 per Structure						
	Drainage Water Management Implementation - \$200/Year for years 2 & 3						
VNMP Total		Yearly Total \$					

1. Pending additional program funds.

The undersigned producer agrees to the following program requirements to be eligible for program incentives:

1. Certify the acreage under this application is not enrolled or benefiting from any other incentive program(s), e.g. USDA Farm Bill, for the conservation practice(s) indicated on the signed application form.
2. Implement planned practice(s) according to required technical specifications.

I (We) understand that this application DOES NOT obligate the State of Ohio or the respective Soil and Water Conservation District. I understand that if my application is approved and an agreement is executed, failure to implement all components of a practice(s) or follow the design criteria for the practice(s) will nullify the agreement for that specific practice(s) and any associated incentive payment allocated to the producer/entity. I understand that all incentive payments will be based on verified, completed practices as documented in the SWCD Beehive Reporting System. Incentive payments for practice implementation in years two and three are contingent on funding availability pursuant to Section 126.07 of the Ohio Revised Code.

I hereby state that I have read this application and understand the terms and conditions contained herein and have authority to sign this application.

Agreed to by:

Producer signature

Print Name

Date