

Lower Auglaize Nutrient & Sediment Reduction Program

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 _____

Soil & Water Conservation District _____ **PAULDING** _____

Enrollment Summary Table			
		Acres/Structures	Allocated Dollars
1	Drainage Water Management Box without Submain Installation- \$1,350 per structure <u>*Priority given to a producer who does not already have a structure onsite *</u>		
2	Drainage Water Management Box with Submain Installation- \$3,750 per structure <u>*Priority given to a producer who does not already have a structure onsite *</u>		
3	Blind Inlet Installation- \$2,300 per structure <u>*Priority given to a producer who does not already have a structure onsite *</u>		
4	Filter/Buffer Strip - \$290/Ac. <u>*MAX ENROLLMENT 5 ACRES PER PRODUCER*</u>		
5	Grassed Waterway- \$7,500 / Ac. <u>*MIN ENROLLMENT 0.1 ACRES*</u>		
Total \$			



1st Enrollment Period:
July 29, 2020 to
September 21, 2020

Lower Auglaize Nutrient & Sediment Reduction Program

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 or install planned practice(s)/structures according to required technical specifications.
3. Follow all applicable management guidelines for each practice in this program.
4. Allow representatives of the Paulding SWCD to inspect the property and certify practice(s) were implemented according to the technical specification set form in the practice guidelines.
5. Notify Paulding SWCD and request any approval of proposed changes to practice implementation.

Paulding SWCD shall:

1. Provide producer(s) with a fully executed copy of this agreement.
2. Inspect and verify implementation of practice(s) is complete and meets the required technical specifications set forth in the practice guidelines.
3. Provide program payments to producer(s) following verification of the completion of requirements set forth in the program guidelines and this agreement. Payments shall be made based on **completed** acres/structures.
4. Monitor the maintenance of established practices. Representatives of Paulding SWCD shall have the right of ingress and egress to the land enrolled in this program.
5. Review & verify requests for practice(s) implementation changes submitted by the producer(s) are proper and reasonable if applicable.

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 I am approved and an agreement is executed, failure to implement all components of a practice(s), follow the design criteria for the practice(s), or the management guidelines 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 are contingent on funding availability pursuant to Section 126.07 of the Ohio Revised Code.

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

Agreed to by:

Producer signature

Print Name

Date

This agreement has been reviewed by the Paulding Soil & Water Conservation District Board of Supervisors and/or their designee and the acreage under this agreement is eligible for funding in the Lower Auglaize Nutrient & Sediment Reduction Program.

Print Name of Paulding SWCD Board Chairperson or Designee

Signature of Paulding SWCD Board Chairperson or Designee

Date

Field by Field Practice Plan

Producer:			Phone:				
Field Name FSA# Farm#	Acres	Field Watershed	Drainage Water Management Box without Submain Installation (# structures)	Drainage Water Management Box with Submain Installation (# structures)	Blind Inlet (# structures)	Filter/Buffer Strip (acres)	Grassed Waterway (acres)
Mom's FSA#1234 Farm #: 736	25	Wildcat Creek	1	1	1	3	0.1

**Lower Auglaize Nutrient & Sediment Reduction Program
Practice Verification Form (Copy Per Field)**

Participant Name: _____ Phone: _____
Field Name: _____ Field Acres: _____

All Practice Checklist:

- Maps
 - Farm Names-Farm, Tract, Name
- Contact Information for Ag Retailer/CCA

Controlled Drainage (Blind Inlet):

- Site Map
- Plans Completed _____
- Plans Approved _____
- Date Installed _____
- Date Payment Made _____

Controlled Drainage (DWM):

- Site Map
- Plans Completed _____
- Plans Approved _____
- Date Installed _____
- Date Payment Made _____

Buffer/Filter Strip

- _____ Acres of buffers established
- Prior crop/land use meets criteria
- _____ Copy of seed tag provided
- _____ Project map completed
- Soil test provided
- Project created and mapped in Beehive
- Species mix planted:
 - Species of Cool/Warm Season
Grass: _____
 - Species of Legume:

- Date Payment Made _____

Verification and Approval:

1st Year establishment _____
(name) (date)

2nd Year verification _____
(name) (date)

Grassed Waterway:

- All appropriate invoices turned in by landowner
- Site Map
- Plans Completed _____
- Plans Approved _____
- Date Practice Installed _____ Verified by: _____
- Date Payment Made _____

Lower Auglaize NSRP Eligibility Map

