

CWICNY-Lake Champlain Basin Cover Crop

Date: _____

Farm Name:	
Owner's Name:	County:
Address:	Field Locations
	HUC 12:
Phone:	# acres proposed:
Email:	Program Options: commitment for: 1 Year 2 year

The Lake Champlain Cover Crop program purpose is to protect water quality by reducing erosion, run off and leaching of phosphorus into Lake Champlain. Additional benefits include conserving soil, capture nutrients, reduce weed competition, mitigate soil compaction, build soil organic matter, and/or improve overall soil health.

Local Soil & Water Districts will be taking applications for cover crops to be used following summer or fall crop harvest.

- Payment rate of
 - \$70.00/acre of cover crop established; Basic, single species
 - \$82.00/acre for Multiple Species
 - \$336/ac – 1 acre or less (Vegetable crop/small scale)
- District will determine acres cost shared based on funding available, # of applicants and determination of potential water quality and other conservation benefits. Farms located in county priority watersheds and first-time cover crop users will receive preference points.

The Participant agrees to the following Rules and priorities:

- Farm must participate in AEM (Agricultural Environmental Management) Tier 3A Cover Crop Planning, Implementation and Evaluation process
- Seed used must be tagged/certified and applied at the recommended NRCS rate and date
 - Basic: Cereal rye 112#/acre by 10/10/22, consult NRCS stds for other seed types
- Cover Crop practice must be applied to cropland planted to annual crops
- All seed **must be incorporated** via drill **or** broadcasting **with** subsequent tillage
- Cover crops **cannot** be harvested for grain (forage harvest okay)
- SWCD staff will field check and certify implementation in the fall
- Payment will be made following evaluation of establishment

On the farm(s) identified above, the Applicant agrees to participate in the 2022 Lake Champlain Cover Crop Program if the application is accepted and funding awarded by the Champlain Watershed Coalition of NY(CWICNY)

Participant Signature _____ Date: _____

Cover Crop Enrollment Details

Name:

Location of Fields to be cover cropped: County_____ Town: _____

Close Proximity to a Watercourse: Yes _____ No_____

Cover Crop Type: Basic Multiple Species 1-acre or less

Crop followed: Corn Silage Corn Grain Sweet Corn Vegetables Soybeans

Other:

Number of Acres to be enrolled:

Method of Cover crop seeding:

Method of termination:

Years of Commitment: One Year_____ Two Years_____

Enrolled by: _____

Date: _____

SWCD