

## Cover Crop Local Cost Share

*For more information, or to  
submit a reimbursement request:*

# COVER CROP LOCAL COST SHARE

### Program requirements:

1. The purpose of the program is to protect areas prone to soil erosion .
2. A farm serial number and an Agriculture Water Quality Plan must be in place prior to starting the project and before any funds will be awarded. Please submit a copy with your application.
3. This is a cost share program (**75% of project cost reimbursed up to \$1,000**). Participant contributions can be in the form of purchased materials and services, equipment rental, and labor.
4. Before funds are reimbursed, applicant must:
  - furnish the conservation district with receipts or other documentation to substantiate the expenses for which reimbursement is being sought.
  - receipts dated before approval letter will **NOT** be considered for reimbursement.
  - If reimbursement is over \$599, a W-9 will be required.
5. Projects should be completed within a year of approval.
6. Effective July 1, 2023 a maximum of up to three separate district local cost share applications per farm serial number per fiscal year (July 1 thru June 30).

**Please contact our office for technical assistance with your project.** Applications will be accepted and evaluated as they are received. To process your application, representatives of the Campbell County Conservation District may visit your property. Projects will not be retroactive of the approval letter date. Receipts dated before approval will not be considered for reimbursement. Funds for this local cost share program are made available through the Campbell County Conservation District.

**Campbell County Conservation District**  
8350 East Main Street, Alexandria, KY 41001-1214  
(859) 635-9587  
cccd@campbellkyconservation.org  
www.campbellkyconservation.org



All programs and services of the Natural Resources Conservation Service and conservation districts are offered on a nondiscriminatory basis without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political beliefs, and marital or familial status.



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# Cover Crop Local Cost Share Application

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home/Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Farm Serial Number \_\_\_\_\_

1. Do you own the land on which the project will be implemented?

YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Location of property (if different than mailing address listed above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: KY Zip Code: \_\_\_\_\_

3. How many acres will be sown for cover crop? \_\_\_\_\_ acres

4. Type of seed used? Wheat \_\_\_\_\_ Rye \_\_\_\_\_ Other \_\_\_\_\_

5. Previous crop grown? (ex. Tobacco, silage, corn, vegetable row crop, etc.)

\_\_\_\_\_

6. Do you have an existing Agriculture Water Quality Plan?

YES \_\_\_\_\_ (If yes, submit a copy with your application)

NO \_\_\_\_\_ (If no, your application will not be considered.) Use this link to complete an Agriculture Water Quality Plan.)

<https://dep.gateway.ky.gov/eForms/Account/Home.aspx>

7. Are you a member of the Kentucky Agriculture District Program?

YES \_\_\_\_\_ NO \_\_\_\_\_

8. Where did you hear about this program \_\_\_\_\_

9. Estimated cost of project \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Property owner signature \_\_\_\_\_ Date \_\_\_\_\_  
(if different)

\*\*Applications must include the property owner.