

Cover Crop Local Cost Share Program

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.
3. This is a cost share program (**75% of project cost reimbursed up to \$500**). 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.
- 5.. Projects should be completed within a year of approval.
6. Limit of one application per farm serial number per fiscal year (July 1 thru June 30).

Applications will be accepted and evaluated as they are received. Projects will not be retroactive of the approval letter date. Funds for this cost share program are made available through the Campbell County Conservation District.

Submit applications to:

Campbell County Conservation District
8350 East Main Street
Alexandria, KY 41001
Phone: 859-635-9587

E-mail: CCCD@campbellkyconservation.org

Web site: www.campbellkyconservation.org



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Cover Crop Local Cost Share Program 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. Estimated cost of project _____

Signature _____ Date _____

Property owner signature _____ Date _____
(if different)

**Applications must include the property owner.

Please contact our office for assistance with your application or project.