

What is your main goal for cover crops?

WEED CONTROL

MOISTURE MANAGEMENT

EROSION CONTROL

IMPROVE ORGANIC MATTER

FEED/FORAGE

What do you plan to seed?

RYE

OATS

TRITICALE

MIX (DESCRIBE) \_\_\_\_\_

How do you plan to seed?

BROADCAST & VT

DRILL

AIRPLANE

BROADCAST ONLY

PLANTER

DRONE

Acres: \_\_\_\_\_

MINIMUM OF 45 LBS/ACRE SEED REQUIRED

Seeding Deadlines on Reverse Side

## Cover Crop Seeding Dates by Crop District

Click the button for your Zone to show the seeding dates.

Northwest

North Central

Northeast

West Central

Central

East Central

Southwest

South Central

Southeast

Unhide All



U.S. Department of Agriculture Crop Reporting Districts

Species	Central																																			
	March		April				May				June				July				August				September				October				November					
Barley, Spring	3/18	-	4/1	-	-	4/27	-	-	5/25									8/8	-	8/22	-	9/11	-	9/25												
Barley, Winter																		8/8	-	8/22	-	9/11	-	9/25												
Mungbeans									5/11	-	-	-	-	-	-	-	-	8/7																		
Buckwheat									5/11	-	-	-	-	-	-	-	-																			
Camelina, Winter																		8/8	-	8/22	-	-	-	-	-	-	-	-	-	-	-	10/23	-	11/5		
Clover, Berseem			4/1	4/14	-	-	-	-	5/18									8/8	-	-	-	8/28	9/11													
Clover, Crimson			4/1	4/14	-	-	-	-	5/18									8/8	-	-	-	8/28	9/11													
Clover, Red	3/18	-	4/1	-	-	-	-	-	5/18									8/8	-	-	-	9/11	9/18													
Clover, White	3/18	-	4/1	-	-	-	-	-	5/18									8/8	-	-	-	9/11	9/18													
Cowpea									5/11	-	-	-	-	-	-	-	-	8/7																		
Flax	3/18	-	4/1	-	-	-	-	5/11	-	6/1						7/18	-	8/8	-	-	-	9/11	-	9/25												
Kale	3/18	-	4/1	-	-	-	-	5/13							7/4	-	7/25	-	8/8	-	-	-	9/11	-	9/25											
Millet									5/11	-	-	-	-	-	-	-	-	8/7																		
Mustard	3/18	-	4/1	-	-	-	-	5/13										8/8	-	-	-	9/11	-	9/25												
Oats	3/18	-	4/1	-	-	4/27	-	-	-	-	-	-	-	-	-	-	-	8/8	-	-	-	8/22	-	9/11	-	9/25										
Pea, Field/Winter			4/1	-	-	-	-	-	5/18									8/8	-	-	-	8/28	9/11													
Radish			4/1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8/8	-	-	-	9/11	-	9/25												
Rapeseed	3/18	-	4/1	-	-	-	-	5/11	-	-	-	-	-	-	-	-	-	8/8	-	-	-	9/11	-	9/25												
Rye, Winter/Cereal																		8/8	-	8/22	-	-	-	-	-	-	-	-	-	-	10/23	-	11/5			
Ryegrass, Annual			4/1	-	-	-	-	5/11	-	-	-	6/15				7/18	-	-	-	-	8/21	-	-	-	9/25											
Sorghum, Forage									5/11	-	-	-	-	-	-	-	-	8/7																		
Sorghum-Sudangrass									5/11	-	-	-	-	-	-	-	-	8/7																		
Sudangrass									5/11	-	-	-	-	-	-	-	-	8/7																		
Sunflower						4/27	-	-	-	-	-	-	-	-	-	-	-	8/7	-	-	-	8/28														
Sunn Hemp									5/11	-	-	-	-	-	-	-	-	8/7	-	-	-	8/28														
Teff									5/11	-	-	-	-	-	-	-	-	8/7	-	-	-	8/28														
Triticale, Winter																		8/8	-	8/22	-	-	-	-	-	-	-	-	-	10/23	-	11/5				
Turnip			4/1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8/8	-	-	-	9/11	-	9/25												
Vetch, Common			4/1	-	-	-	-	-	5/18									7/25	-	-	-	8/28	9/11													
Vetch, Hairy			4/1	-	-	-	-	-	-	-	6/1							8/8	-	-	-	9/11	9/18													
Wheat, Spring	3/18	-	4/1	-	-	4/27	-	-	5/25									8/8	-	8/22	-	9/11	-	9/25												
Wheat, Winter																		8/8	-	8/22	-	-	-	-	-	-	-	10/10	-	10/22						

# FARMS Assistance Information

**LEGAL Entity or First Name** \_\_\_\_\_ **SSN or TAX ID** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **Type:** Owner \_\_\_\_\_ Tenant \_\_\_\_\_

**Address:** Street/PO \_\_\_\_\_ Agent \_\_\_\_\_ POA \_\_\_\_\_

City \_\_\_\_\_ Contract Buyer \_\_\_\_\_

State/Zip \_\_\_\_\_ Contract Seller \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ **Business Type:** Corporation \_\_\_\_\_

How you Trust \_\_\_\_\_

E-mail: \_\_\_\_\_ file taxes Sole Proprietor \_\_\_\_\_

Partnership \_\_\_\_\_

**If you are not the Landowner**, please provide the owner's name, address and SSN.

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

**If you are splitting a payment**, please provide the name, address and SSN of any other entity who will receive payment.

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

What would you like assistance with? \_\_\_\_\_  
(waterway, terraces, windbreak, grade stabilization, cover crop, etc.)

Legal Description (include aerial map) Township: \_\_\_\_\_ Tier \_\_\_\_\_

Section \_\_\_\_\_ Range \_\_\_\_\_

Quarter Section \_\_\_\_\_ Tract # \_\_\_\_\_

You have chosen to request financial assistance with the Grundy Soil & Water Conservation District and IDALS-Division of Soil Conservation. To best process your request, there are a few things you should understand before proceeding. All financial assistance programs have eligibility requirements. If you are eligible for financial assistance, any practices tied to your account will be bound by a maintenance agreement that can be in effect for as long as 20 years. By applying for assistance, you will be granting district representatives the right of ingress and egress to your land so that they may process your request.

If you are applying as a business, corporation, agent or representative, you MUST provide documentation indicating that you have the authority to sign for that person or entity. This documentation can be in the form of a POA, Corporation By-Laws, Trust or Partnership papers, or other legal documentation. If the documentation is other than a POA, you must mark on the documents where the authority is granted. Your application will NOT be processed until this documentation is presented.

If you agree to the above statement, please sign here:

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Return to: Grundy SWCD, 805 W 4<sup>th</sup> St., Grundy Center, IA 50638 If you have questions, please call 319-824-3634, ext 3.

## Residue and Management Practices

### Practice Maintenance Agreement and Eligibility Certification Form (For 1-Year or less contracts only)

DISTRICT/GRANTEE: \_\_\_\_\_

**Indicate the Type of Practice Applying for:**

No-till	Cover Crop
Strip-till	Nitrification Inhibitor
Ridge-till	

I agree not to remove, alter or modify the practice as built and to maintain the practice, which includes:

1. Maintaining seeding associated with the practice and ensuring sufficient cover or stand;
2. Avoiding tillage or any other action that could threaten the integrity of the practice
3. Cover crops shall not be mechanically or chemically terminated prior to the spring of the following planting season
4. Undertake any action that would prevent the practice from meeting NRCS practice specifications (if applicable)

I agree that if the provisions outlined above are not met or I am found not eligible to receive payment of funds under these programs, for any reason, I will be required to refund the Iowa Department of Agriculture and Land Stewardship the full amount of the financial incentive payment received. **I also agree that I will provide documentation of the expenses associated with my Cover Crop and/or Nitrification Inhibitor application to the District by April 1<sup>st</sup> or my application will be canceled, and I will forfeit my cost share payment.**

I, \_\_\_\_\_, certify that I  *have never* used \_\_\_\_\_  
before in my farming operation.  *have* \_\_\_\_\_ *Practice Type*  
(check one)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*For Office Use Only:*

FARMS ID #: \_\_\_\_\_

Program: \_\_\_\_\_

