

S.T.A.R. Rewards Pilot Incentive 2021 Program Application



Enrolled growers must increase their S.T.A.R. rating through implementation of new practices over the 2019-2020 or 2020-2021 Crop Years (CY), with a cap of 200 acres or \$2,000 per farmer. A 2020 S.T.A.R. Field Form (due February 5, 2021) is required for enrollment. If a farmer did not participate in S.T.A.R. during the 2019 crop year, please write "NA" in the box for CY 2019 and record the anticipated CY 2021 rating in the box for CY 2021.

APPLICATION INSTRUCTIONS

Farmers are encouraged to work with their local SWCD or a STAR Coordinator to determine eligibility. Final terms will be specified during contract negotiation. If a farmer plans to implement a similar suite of practices to increase their S.T.A.R. rating across multiple fields, please indicate the total fields and acreage in the appropriate boxes under Field Plan A. If a farmer intends to implement a different suite of practices to increase their S.T.A.R. rating on additional fields, please indicate the total fields and acreage in the appropriate boxes under Field Plan B. Applications and questions should be submitted to nick.longbucco@aiswcd.org or BHenrikson@parkland.edu.

APPLICANT INFORMATION

Applicant Name: _____ County: _____
 Address: _____ Town: _____ Postal Code: _____
 Phone: _____ Email: _____

GENERAL INFORMATION

Total acres cropped: _____ acres Total acres enrolled: _____ acres # of fields to be enrolled in program: _____

Field Plan A

CY 2019 S.T.A.R. Rating: _____ CY 2020 S.T.A.R. Rating: _____ Anticipated CY 2021 S.T.A.R. Rating: _____
 Total Fields Under Plan A: _____ Total Acres: _____
 New practices identified/implemented to increase S.T.A.R. rating: _____

Field Plan B (to be completed if S.T.A.R. rating or practices identified differ from Field Plan A)

CY 2019 S.T.A.R. Rating: _____ CY 2020 S.T.A.R. Rating: _____ Anticipated CY 2021 S.T.A.R. Rating: _____
 Total fields Under Plan B: _____ Total Acres: _____
 New practices identified/implemented to increase S.T.A.R. rating: _____

TERMS & AGREEMENTS

1. The Applicant acknowledges and understands that the information provided within this application is collected by the S.T.A.R. initiative for the sole purpose of project administration. This information will be used only by the program and its funding partners to determine eligibility and for reporting purposes.
2. The Applicant acknowledges that the practices submitted for enrollment are not currently enrolled in other state and federal cost-share funding or incentive programs.
3. The Applicant acknowledges that enrolled fields may be randomly selected for verification.

I have read and reviewed this document and certify the answers provided are correct to the best of my knowledge.

Signature: _____

Date: _____

SWCD Contact: _____