



*Central Assiniboine
Watershed District*

205 Elizabeth Avenue East
P.O. Box 160
Baldur, MB R0K 0B0

COVER CROP APPLICATION

Name of Applicant: _____ Phone: _____

Mailing Address: _____

Email: _____

Legal Description of Project: Qrt. _____ Sec. _____ Twp. _____ Rge. _____ I own the land YES NO

Number of Acres Planted Per Field: _____ (may be limited to 160 acres per producer)

Municipality: _____

Please identify your cover crop goal. _____

Please indicate the type of cover crop project you have in mind? (circle one)

Fall Season

Full Season

Intercropping or Relay Crop

Do you have an intended termination strategy in place, please describe.

Do you have a plan to evaluate your success? If so please explain.

Signature of Landowner/Applicant

Date

CAWD Authority

Date: