

MARYLAND DEPARTMENT OF AGRICULTURE



2025/2026 WINTER COVER CROP PROGRAM - APPLICATION / AGREEMENT

SECTION I - APPLICATION		SCD Use - Date Received	For SCD Use AGREEMENT NUMBER	
		SCD Use - SQL Entry Date	MACS Account Number	
1) SS or FID # - Last Four (4) Digits Only	2) District	3) Telephone Number	4) Email Address or Alternate Telephone Number	
5) NAME and ADDRESS of person to receive check. Include farm or corporate name, if any.		6) Nutrient Management Certification - Check (v)		
Name or Farm Name		7) Annual Implementation Report (AIR)		
C/O Name		8) Name on AIR		
Address		9) ATTACHED - Current Nutrient Management Plan Certification Form		
City, State, Zip		9a) ATTACHED - W-9 Identification Certification Form		
Change of Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	9b) NRCS EQIP Acres		
For Applicant Use SECTION II- TECHNICAL REPORT				
Acres of Traditional Cover Crop	11) ACRES	PAYMENT RATE	12) TOTAL BASE AMOUNT (Acres X Rate)	
Base Acres - Total Acres of Cover Crop		\$35.00		
Choose Incentives*	13) ACRES	INCENTIVE PAYMENT RATE	14) INCENTIVE AMOUNT(S)	
15) Plant using one of the following methods - no-till, broadcast light tillage, minimum tillage, vertical tillage, conventional tillage on or before October 10, 2025		\$15.00		
16) Aerially seed into standing corn on or before October 10, 2025, using plane or helicopter		\$10.00		
17) Acres planted using single species Rye or Triticale		\$15.00		
18) Acres planted using an approved multi-species mix		\$15.00		
18) Cost Share for Seed Test (No. of Tests)		\$15.00		
* Incentives offered on cover crop acreage for certain management practices. Review the chart in the 2025/2026 Cover Crop Program Requirements and Agreement. ** The total dollar amount below will represent the maximum payment amount that you may receive.				
		TOTAL		
SECTION III - APPLICANT/AGREEMENT				
Public Information Notice – The principle purpose for which the information on this application is used to identify you as one of those persons whom the agency intends to give State cost-share funds. If you fail to provide the requested information, MDA may not provide you with cost-share funds. You have the right to inspect, amend, or correct personal information collected by the agency. Much of the personal information collected by the agency is available for public inspection. This information is not routinely shared with state, federal, or local government agencies.				
CERTIFICATION: I request cost-sharing under this program to address a potential nutrient management/water quality problem. I agree to comply with the requirements as outlined in the 2025/2026 Cover Crop Program Requirements and Agreement. I have read the program guidelines and understand the steps involved for approval. I understand I am not approved for cost-share funds until I have received a letter of approval and a signed and dated copy of my Application/Agreement from the Maryland Department of Agriculture. If at any time program requirements are not met, the Agreement can be cancelled by the Department with no obligation to pay the applicant and any payments already made will be forfeited. I understand this Agreement may be terminated automatically, without liability to the Department or the District, if there are no available public funds under the program supporting this project.				
Step 5 - Signature of Applicant			Date	
SECTION IV - TECHNICAL DETERMINATION				
The _____ Soil Conservation District has reviewed this referral and finds it adequate and appropriate for this program.				
Authorized Signature (Designated Technician)	Date	Authorized Signature (Designated Chairman or Designee)	Date	