

Maryland Department of Agriculture Maryland Agricultural Cost-Share Program (MACS)

CURRENT NUTRIENT MANAGEMENT PLAN CERTIFICATION

Participants of MACS cost-share programs must certify that the agricultural operation associated with the costshare practice(s) is following a *current* Nutrient Management Plan (NMP), to the extent required by COMAR 15.20.07. This form must be submitted to the local Soil Conservation District (SCD) office *when applying* to the MACS Program.

The SCD shall include a copy of this form with any MACS cost-share application. Applications received without this form, or with a form that is missing information, will be considered incomplete. Exception: This form may be submitted at the claim stage for Manure Transport and Manure Injection projects.

Section I. To be filled out by the Certified Nutrient Management Plan Preparer

| Farm Operator Name(s) | | | | | | | |
|---|------------|----------------------------|------------|----------|------------|--------|--|
| Farm Name (if applicable) | | | | | | | |
| Address | | | | | | | |
| | Number | Street | | | | | |
| | | | | | | | |
| | City | / | State | ZIP | | County | |
| Plan Preparer Name | | | | | | | |
| Certification No. | | License No. (if applicable | | | | | |
| Date the NMP was prepared or upda | | | Total Acre | | Jnder Plan | | |
| Period the plan covers: | Begin Date | | | End Date | | | |
| I certify that the NMP information for the farm operation listed above is true and correct. I understand that if this information has been falsified, my certification and/or license may be revoked. | | | | | | | |
| Signature | | | | | | | |
| Certified NM Consultant or Certified Farm Operator Date | | | | | | | |

Section II. Farm Operator Certification

| I certify that: (1) my farm is operating under a current nutrient management plan for the time period indicated | | | | | | |
|---|---------------|--|------|--|--|--|
| above and, (2) my nutrient management plan was developed by the plan preparer named above. | | | | | | |
| Signature | | | | | | |
| | Farm Operator | | Date | | | |
| Print Name | | | | | | |

Section III. Landowner Information

(Fill out this section only if the landowner is applying for cost-share and is *not* the agricultural operator of the land)

| Landowner Name | | | | |
|----------------|--------|--------|-----|--------|
| Address | | | | |
| | Number | Street | | |
| | | | | |
| | City | State | ZIP | County |