

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