

CHECK LIST (*Fast Track*)

Make sure all required documents and signatures are submitted with the Claim for Payment. Missing information may cause a delay or forfeiture of payment.

Check

- All forms are completed and signed
- Completed Worksheets A & B
- Weight tickets are attached
- Invoice for poultry litter test (if applicable)
- Invoice(s) for transportation costs is attached from third party haulers. If the participant hauled the litter, the participant must invoice MDA. An example invoice on last page of claim packet is provided. This may be edited and submitted to MDA with the claim.....
- Completed "Current Nutrient Management Plan Certification Form"

Mail claim forms to:

Maryland Department of Agriculture
MACS Department
50 Harry S. Truman Pkwy, Rm 207
Annapolis, MD 21401

For questions, contact:

Your local Soil Conservation District
OR
MDA MACS Department at (410) 841-5864



Maryland Department of Agriculture
 MANURE TRANSPORT PROJECT

For MDA Use	MACS #	AGREEMENT NO.
RECEIVED DATE	DISTRICT	APPROVED PAYMENT
		\$

CLAIM FOR PAYMENT (*Fast Track*) POULTRY LITTER TO BE LAND-APPLIED (101)

SECTION 1 – Participant Information

Participant Legal Name:		Agreement Number (from approval letter)
Farm or Business Name:		
Mailing Address:		_____ MT
City/State/ZIP:		
County:		Soc. Sec. # or EIN:
Are you a registered manure broker?	YES NO	

SECTION 2 – Claim Payment

Using Worksheet B, sum up the tons of manure transported to each farm and enter the one-way driving distance. Maximum payment is \$18.00 per ton for transport costs, not to exceed actual costs.

	(1)	(2)	(3)	(4)
	Receiving Farm Name	Tons Transported (from Worksheet B)	Actual driving distance in miles from Sending farm to Receiving farm	Payment calculation $(2) \times (3) \times \$0.12$ OR $(2) \times \$18.00$ Enter whichever is LESS
1				
2				
3				
4				
5				
6				
7				
No. tons approved in Agreement:		Tons	Total max. cost-share:	\$
Adjusted transport payment if Total Transported tons > Agreement tons (allowance made for up to 5% over):				\$
Cost for one poultry litter test, up to \$40 (invoice attached):				\$
Add up invoices for transport expenses (from third party hauler or participant, whoever hauled the litter):				\$
Total Payment (transport & analysis): <i>Payment may not exceed actual costs (sum of invoices)</i>				\$

SECTION 3 – Participant Certification

I certify that the project as described in Section 4 of Application/Agreement has been performed to the extent shown above and the Claim for Payment above represents a true and accurate accounting of eligible costs for the transportation of manure approved in the Application/Agreement. I hereby request cost-share payment.

Signature of Participant:	Date:
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SECTION 4 – Approval for Payment

For MDA Use

Agreement Amount	Tons Transported	THE MARYLAND DEPARTMENT OF AGRICULTURE RECOMMENDS NET PAYMENT FOR THIS PROJECT AS SHOWN AT RIGHT.	Payment Amount
\$			\$
MDA Signature		Date	

Agreement No. _____

ATTACHMENT – Verification of Parties

SENDING OPERATION VERIFICATION <i>(Source of poultry litter)</i>	
Farm Name:	
Operator Name:	Poultry Company:
Address:	Amick Mountaire
City/State:	Perdue Tyson
County:	Property Account ID:
I understand that poultry litter from my farm is to be transported to the receiving farm operation listed below for the purpose of providing crop nutrients in accordance with the Maryland Manure Transportation Project set forth in COMAR 15.20.05. I certify that the information I have provided is true.	
Signature of Sending Farm Operator:	Date:

RECEIVING OPERATION VERIFICATION	
Farm Name:	
Operator Name:	
Address:	
City/State	County:
Was manure stockpiled for the purpose of spreading at a later date?	YES NO
I certify that the stated number of loads of manure in Worksheet B was transported for use on fields only approved in the project Agreement.	
Signature of Receiving Farm Operator:	Date:

TRANSPORTING AGENT VERIFICATION <i>(Must be completed even if the Transporter is the Receiving Farm Operation)</i>	
Company Name (if applicable):	
Name:	
Address:	
City/State	
Was manure spread by the transporter upon delivery?	YES NO
Was manure stockpiled for the purpose of spreading at a later date?	YES NO
I certify that the stated number of loads of manure in Worksheet B was delivered to the receiving farms on the dates indicated. The required number of weight tickets for transported loads have been provided to the participant of this Manure Transportation Project.	
Signature of Transporting Agent:	Date:

Agreement No. _____

WORKSHEET A
TRANSPORT VEHICLE INFORMATION

Enter information for each truck and trailer combination used to transport manure. Use the code numbers in Worksheet B to identify the vehicle used to transport each load.

Vehicle CODE	Truck Tag Number	Trailer Tag Number
A		
B		
C		
D		
E		
F		
G		
H		

WORKSHEET B
WEIGHT TICKET LOG

- Use this form to record each load of transported manure.
- Attach to this form at **least** one weight ticket for every five (5) truckloads that use the same truck & trailer combination. Each truck/trailer combination must have at least one weight ticket. *E.g., For 1-5 loads, weigh any **one** load; 1-10 loads, weigh any **two** loads; 1-15 loads, weigh any **three** loads, etc.*
- All loads transported by a given truck & trailer combination must be recorded together (on consecutive rows) on the worksheet to verify that at least one weight ticket was obtained for every five loads. Do this by entering all Vehicle Code (from Worksheet A) "A" weights, followed by all "B", then "C," etc. on the log below.
- An estimated weight may be used for loads not weighed on a certified scale. To record an estimated weight for a load, write "ESTIMATED" in column (1) and enter the typical or known tare weight for that truck in column (7) and the estimated net weight in column (8). Leave column (6) blank.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	WEIGHT TICKET NO.	VEHICLE CODE (Worksheet A)	DATE	RECEIVING FARM NAME	DISTANCE (miles)	GROSS WEIGHT (If weight is > 80,000 lbs, enter 80,000.)	TARE WEIGHT (lbs)	NET WEIGHT (6) – (7)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
							TOTAL POUNDS	

÷ 2000

TOTAL TONS

IMPORTANT! This worksheet must be filed with the receiving farm's nutrient management records.

Print and Use Additional Sheets as Necessary

DOCUMENTATION REQUIREMENTS FOR TRANSPORT LOADS

Worksheet B (Weight Ticket Log) is to be used to record the quantity of manure transported under this Agreement.

- Weight tickets from a State-certified scale are required, and must be submitted with the Claim for Payment.
- Tonnage of transported poultry litter eligible for cost-share under this Agreement is based on loaded truck weight (gross weight) minus empty truck weight (tare weight). The resultant net weight is considered the weight of the poultry litter.
- Not every load must be weighed. However, a minimum of one in five truckloads must be weighed at a certified scale.
- Each truck and trailer combination used to transport litter must have at least one actual gross weight ticket and a tare weight.
- Stored tare weights are only acceptable if obtained on a weekly basis.
- Only State-certified scales may be used.
- A weight ticket shall include the following:
 - Date
 - Name of the transporter
 - License number of the truck or ID number
 - Name and location of the scale
 - Gross, tare, and net weights
 - Signature of the person weighing the truck
- The maximum acceptable gross weight is 80,000 lbs.
- An “estimated” net weight may be used for 4 out of every 5 truckloads of each truck/trailer combination. The “estimated” net weight may be a computed average of two or more actual net weights obtained for a particular truck/trailer combination; *OR*, if only one actual weight is required, then that may be used as the “estimated” weight.
- Actual weight ticket slips will be submitted with the Claim for Payment.
- Actual and “estimated” weights need to be recorded on the *Weight Ticket Log* to be submitted with the Claim for Payment.

WEIGHT TICKET CHART (assumes all loads use the same truck/trailer)

If one truck/trailer hauls:

1 to 5 loadsthenWeigh at least one (1) of these loads

1 to 10 loads thenWeigh at least two (2) loads

1 to 15 loads thenWeigh at least three (3) loads

1 to 20 loads thenWeigh at least four (4) loads



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

CURRENT NUTRIENT MANAGEMENT PLAN CERTIFICATION*

Agricultural operations participating in MACS cost-share programs are required to certify that they have a current Nutrient Management Plan (NMP). This form, or a copy, must be submitted to the local Soil Conservation District office when applying to the MACS Program. Applications received without this form will be considered incomplete. This form may be submitted at the claim stage for Manure Transport and Manure Injection. Copies of the nutrient management plan should not be submitted with this form.

FARM

Operator Name (person who signed the most current NMP):	
Farm Name (if applicable):	
Street Address:	
City/State/ZIP:	
County:	

PLAN PERIOD

Date the NMP was prepared or updated:			
Period of time the plan covers:	Begin Date		End Date

CERTIFIED NUTRIENT MANAGEMENT CONSULTANT OR CERTIFIED FARM OPERATOR

Name:	
Certification Number:	
License Number (if applicable):	
Signature:	

CERTIFICATION

I certify that: (1) my operation is operating under a current nutrient management plan for the time period indicated and, (2) my nutrient management plan was developed by the plan preparer named above. I understand that the Maryland Department of Agriculture will verify the above information.	
Operator Signature:	
Print Name:	

*Effective January 1, 2018

INVOICE

INVOICE DATE:

AGREEMENT NUMBER:

Service Provider:

Name: _____
 Business (if applicable): _____
 Address: _____
 City, State, ZIP: _____
 Phone: _____

Billed To:

Name: Maryland Department of Agriculture
 Address: MACS Program, Rm 207
 50 Harry S. Truman Pkwy
 City, State, ZIP: Annapolis, MD 21401

DATE	ITEM / SERVICE DESCRIPTION	Unit (tons, yd ³)	Distance (miles)	Cost per Unit	Total

PAY THIS AMOUNT

The costs shown herein are true and correct to the best of my knowledge.

Signature

Date