



STATE OF MARYLAND DEPARTMENT OF AGRICULTURE
Office of Resource Conservation
AUTHORIZED SIGNATURES FOR
MARYLAND AGRICULTURAL WATER QUALITY COST-SHARE PROGRAM
MACS PROGRAM – COVER CROP PROGRAM

These Authorized Signatures made on this _____ day of _____, 20____, by

_____ Soil Conservation District

Authorized District Representative:

(Signature)

(Title)

Full Legal Name Printed

Alternate District Representative:

(Signature)

(Title)

Full Legal Name Printed

Designated Technician for the
MACS Cover Crop program:

(Signature)

(Title)

Full Legal Name Printed

Alternate Designated Technician
for the MACS Cover Crop program:

(Signature)

(Title)

Full Legal Name Printed

I have reviewed the designation of individuals who are authorized to sign Applications, Agreements and Claims for Payment on behalf of the District under the Maryland Agricultural Water Quality Cost-Share Program, Cover Crop Program. The persons currently designated to do so are named above, with their signatures provided.

District Chairman:

(Signature)

Name (Printed)

NOTE

If a district supervisor, chairman or employee (SCD, MDA, NRCS, or grant funded) is an applicant (individual or operation) participating in the cover crop program, he/she shall not sign his/her own cover crop documents in any capacity except as an applicant. SCD signatures in such a case must be furnished by an authorized SCD supervisor (other than the program participant) or an approved SCD representative with verified credentials or authority as follows:

- 1) If the district supervisor is the applicant, the SCD chairman shall sign instead of the district manager.
- 2) If the chairman is the applicant, either the vice-chairman or treasurer shall sign instead of the district manager.
- 3) If the applicant is an employee (with or without signature authority), the employee shall only submit an application in an adjacent district and obtain authorized signatures and status checks from that district.