

MARYLAND DEPARTMENT OF AGRICULTURE

**SMALL ACREAGE COVER CROP PROGRAM**  
APPLICATION / AGREEMENT

\*\*\* For MDA Use \*\*\*

|                |  |               |  |
|----------------|--|---------------|--|
| Date Received: |  | AGREEMENT #:  |  |
| Location:      |  | MACS Acct. #: |  |

**Section I – Applicant Information**

|                                                                                                   |              |                                                 |                            |                            |
|---------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------|----------------------------|----------------------------|
| SS or FID# -                                                                                      | Phone Number | Email Address                                   |                            |                            |
| NAME and ADDRESS (of person or entity to receive payment). Include farm or business name, if any. |              | Farm Plans / Reports                            |                            |                            |
| Name:                                                                                             |              | Do you have a current Nutrient Management Plan? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Farm or Business Name:                                                                            |              | Name on Annual Implementation Report (AIR)      |                            |                            |
| Address:                                                                                          |              |                                                 |                            |                            |
| City/State/ZIP:                                                                                   |              | Do you have a Soil & Water Conservation Plan?   | <input type="checkbox"/> Y | <input type="checkbox"/> N |

**Section II – Technical Report**

| Small Acreage Cover Crop Implementation                                                                                                                           | Estimated Area (sqft) | Planting method |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| Plant a cover crop mix during a period of the year that land is fallow of a commodity crop <u>AND</u> terminate winter cover crop in spring after March 1, 2024.* |                       |                 |
| Vendor/Item                                                                                                                                                       | Estimated Cost**      |                 |
|                                                                                                                                                                   |                       |                 |
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|                                                                                                                                                                   |                       |                 |
|                                                                                                                                                                   |                       |                 |
|                                                                                                                                                                   |                       |                 |
|                                                                                                                                                                   | <b>TOTAL:</b>         |                 |

\* For early season vegetables, termination may occur as early as February 15, 2024; however it is expected that the vegetable crop will be planted within 2 weeks of the cover crop being terminated.  
 \*\* Payment will be based on original receipts and proof of payment. The application will have a maximum cap of \$1, 500.

**STATEMENT CONCERNING CONTROL OF LAND**

I have reason to believe that I will have control of all lands enrolled in the Small Acreage Cover Crop Pilot Program for the duration of this Agreement; and that I either own the land or am leasing/renting the land (whether under a written or verbal agreement). If I cannot comply with the requirements of this Agreement due to loss of control of any enrolled fields, I will notify the Department immediately. I acknowledge the Agreement may then be terminated by the Department with no obligation to pay the applicant, and I may be liable to repay any funds received.

|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|                  |             |

Public Information Notice – The principal purpose of this application is to identify whom the agency intends to give State funds. If you fail to provide the requested information, the Department may not provide you with 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.

MARYLAND DEPARTMENT OF AGRICULTURE

| <b>Section III – Applicant Acknowledgment/Certification and Signature</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <p>Certification - I request financial assistance under this program to support the State's soil health goals. I have read the program requirements and understand: (1) the terms of eligibility, (2) my obligations under the program, and (3) the process and steps required to receive payments. I understand I am not accepted into the program until I have received a copy of my signed and dated agreement from the Maryland Department of Agriculture ("Department"). I acknowledge that if I fail to comply with any of the applicable program requirements or provide false information in this Application, such actions may result in: (1) termination of this Agreement by the Department, (2) being excluded from future Small Acreage Cover Crop Program participation, (3) having a claim for payment denied, and (4) being liable to return the full amount of any claim paid. I further acknowledge that a claim may be denied if I am non-compliant with other Department programs.</p> |                                          |
| <b>Signature of Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Date</b>                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |
| <b>For MDA Use</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Section IV – Application Approval</b> |
| <p>The MD Department of Agriculture – Conservation Grants Program Administrator has reviewed this referral and finds it adequate and appropriate for this program.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |
| Authorized Signature (Program Administrator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |
| <b>The Maryland Department of Agriculture approves this application for Small Acreage Cover Crop</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fund Source:                             |
| Signature (MDA Representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |
| <p>This document may be executed in multiple counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Signatures provided by electronic means including, by way of example and not of limitation, facsimile, Adobe, PDF, and sent by electronic mail, or via an electronic signature program, shall be deemed to be original.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |