

MARYLAND DEPARTMENT OF AGRICULTURE

**COVER CROP PLUS+ PROGRAM  
CLAIM FOR PAYMENT**

**Clear Form**

\*\*\* For SCD Use \*\*\*

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

District:		AGREEMENT #:			
Assisting Staff:		MACS Acct. #:		Date Rcvd:	

**Section I – Participant Information**

SS or FID# - Last Four (4) Digits Only	Phone Number	Email Address

NAME and ADDRESS (of person or entity to receive payment). Include farm or business name, if any.

Name:	
Farm or Business Name:	
Address:	
City/State/ZIP:	

**Section II – Performance Report**

<b>Cover Crop+ with Conservation Tillage (Required)</b>	<b>Acres*</b>	<b>Rate (\$/acre)</b>	<b>Payment (Acres × Rate)</b>
Plant a fall cover crop mix by October 15 <u>AND</u> commit to conservation tillage for all 3 years <u>AND</u> terminate cover crop in spring within one (1) week of planting next crop (or plant green).		\$125.00	
<b>Additional Practices (Optional) – May claim more than one</b>	<b>Acres**</b>	<b>Rate (\$/acre)</b>	<b>Payment*** (Acres × Rate)</b>
<b>Integrated Livestock into Cropland –</b> Followed a grazing plan & rotationally grazed the cover crop.		\$15.00	
<b>PSNT (Pre-Sidedress Soil Nitrate Test) -</b> Used PSNTs to determine nutrient applications and timing on the current year's corn fields.		\$15.00	
<b>Cover Crop following Commodity Wheat or Barley –</b> Plant a multispecies cover crop immediately following the harvest of wheat or barley. Must maintain a viable cover crop throughout summer, fall, winter, spring. (\$25 rate is for plantings in 2025)		\$25.00	
<b>Conservation Crop Rotation</b>		\$15.00	
		<b>TOTAL:</b>	

- \* Fields that were fall-certified for cover crops in the first year become the contracted acreage for the remainder of the agreement.
- \*\* The acreage selected for additional practices must be part of the contracted acreage.
- \*\*\* Payments for additional practices will only occur in the year that they are implemented. If an additional practice did not occur in a given year, no payment will be issued.

**Section II – Participant Certification and Signature**

I certify that the performance report above represents a true and accurate accounting of practices that I implemented in accordance with my Agreement. I further certify that the provisions of the program as outlined in the Program Requirements and Agreement have been met. I hereby request payment.

<b>Participant's Signature</b>	<b>Date</b>

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.

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For SCD Use		Section III – Approval of Performance Report	
The _____ Soil Conservation District has reviewed this claim for payment and finds the participant met the program requirements for the practices indicated in the Performance Report, above.			
Authorized Signature (Designated Technician)	Date	Authorized Signature (Designated Chairman or Designee)	Date
For MDA Use		Section IV – Approval for Payment	
An MDA representative has reviewed this claim for payment and found it to be complete.			
Signature (MDA Representative)		Date	
Fund Source:		THE MARYLAND DEPARTMENT OF AGRICULTURE RECOMMENDS PAYMENT IN THE AMOUNT SHOWN AT RIGHT	Payment
Signature (MDA Representative)		Date	