		MARYLAND CONSE Clain		TION BUFF Payment			
To be completed w	ith the a	assistance of the Soil Conser					
SS/FID Number:		Conservation District:		Phone Numb	 per:	AGRE	EEMENT NUMBER
NAME and ADDRESS (of	check reci	ipient):			Paymen ⁴	t Type (ch	neck one)
Name/Farm Name	<u> </u>				Final Impleme	ntation Pay	ment:
Name (c/o)	i				Annual Mainten		
Address					Allitual Ivianite	Forested E	
City/State/ZIP County					Completion Date:		
County					Completion Date.		
		1	. IMPLEN	MENTATION	<u> </u>		•
Practice Code		Establishment, Improvement, or Existing		Total Acres	es Payment	: Rate	Payment
		F					
			+				
					Previous Pay	yment:	
Rema	aining Pa	ayment for Implementation ((if negat	ive particip		•	
					ant owes mer time t	T	
		MAINTENANCE (On Forest E	Butters	oniy)		=	
Practice Code (RI-6 or	r RI-10)	Maintenance Activity	Acres		Payment		
						Attach	invoices/receipts for
		1					maintenance work
					performed. Payment activity is based on		ned. Payment for each
							s, not to exceed the
							m rates in table below.
		Total Payment f	for Main	tenance.		-	
		·		_			
I certify that this Clai hereby request fund		yment represents a true and ac	ccurate a	ccounting of	practice(s) completed	as per my	Agreement. I
Signature of Applica				- <u> </u>	Date		
,.							
Practice Code	Pract	tice Description			One-time Pa (Establish or I	•	One-time Payment (Existing)
RI-4a	Grass	s: 10-34 ft Buffer Adjacent to Past	ture, w/ L	ivestock Excl.	\$1,500/ac		none
RI-5	Grass	s: 35+ ft Buffer Adjacent to Pastur	re, w/ Live	estock Excl.	\$2,500/ac		none
RI-6	Trees	s: 35+ ft Buffer Adjacent to Pastur	re, w/ Live	estock Excl.	\$4,500/ac		none
RI-7		Grass: 10-34 ft Buffer on Cropland/HEL or Hydric Soil			\$1,000/ac		\$500/ac
RI-8	RI-8 Grass: 35+ ft Buffer on Cropland/HEL or Hydric Soil			\$2,000/ac		\$500/ac	
RI-10	Trees	s: 35+ ft Buffer on Cropland/HEL o	or Hydric S		\$4,000	/ac	none
RI-6 / RI-10	Annual maintenance activities & max. rates: (Total per acre payment may not exceed \$330)				· ·		\$160/ac \$150/ac
KI-0 / KI-10					Spot Spraying Tree shelter maintenance		\$20/ac

MARYLAND DEPARTMENT OF AGRICULTURE

For SCD Use	PERFORMANCE REPORT					
The practice(s) shown above has/have been certified by a MDA representative to meet program requirements and to satisfy the Agreement indicated at top.						
The amounts indicated above.	· · · · · · · · · · · · · · · · · · ·					
Signature (SCD Manager)		Date				
For MDA Use	APPROVAL FOR PAYMENT					
Note reasons for any paymer explain why, and indicate am	-	e, actual acres planted differed from estimated acres. If partici	oant owes money to MDA,			
\$	Final Payment	Signature (MDA Representative):	Date:			
\$	Amount Owed to MDA					
THE MARYLAND DEPARTM	Payment \$					
Signature (MDA Representation	<i>r</i> e):		Date:			