

MARYLAND DEPARTMENT OF AGRICULTURE

MARYLAND CONSERVATION BUFFER INITIATIVE
Claim for Payment

To be completed with the assistance of the Soil Conservation District

SS/FID Number:	Conservation District:	Phone Number:	AGREEMENT NUMBER
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NAME and ADDRESS (of check recipient):		Payment Type (check one)
Name/Farm Name		Final Implementation Payment: <input type="checkbox"/> Annual Maintenance Payment for Forested Buffer: <input type="checkbox"/> Completion Date: <input style="width:100px;" type="text"/>
Name (c/o)		
Address		
City/State/ZIP		
County		

FINAL IMPLEMENTATION

Practice Code	Establishment, Improvement, or Existing	Total Acres	Payment Rate	Payment
Previous Payment:				
Remaining Payment for Implementation (if negative, participant owes MDA this amount):				

MAINTENANCE (On Forest Buffers only)

Practice Code (RI-6 or RI-10)	Maintenance Activity	Acres	Payment	Attach invoices/receipts for the maintenance work performed. Payment for each activity is based on actual costs, not to exceed the maximum rates in table below.
Total Payment for Maintenance:				

I certify that this Claim for Payment represents a true and accurate accounting of practice(s) completed as per my Agreement. I hereby request funding.

Signature of Applicant	Date

Practice Code	Practice Description	One-time Payment (Establish or Improve)	One-time Payment (Existing)
RI-4a	Grass: 10-34 ft Buffer Adjacent to Pasture, w/ Livestock Excl.	\$1,500/ac	none
RI-5	Grass: 35+ ft Buffer Adjacent to Pasture, w/ Livestock Excl.	\$2,500/ac	none
RI-6	Trees: 35+ ft Buffer Adjacent to Pasture, w/ Livestock 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	Grass: 35+ ft Buffer on Cropland/HEL or Hydric Soil	\$2,000/ac	\$500/ac
RI-10	Trees: 35+ ft Buffer on Cropland/HEL or Hydric Soil	\$4,000/ac	none
RI-6 / RI-10	Annual maintenance activities & max. rates: (Total per acre payment may not exceed \$330)	Mowing	\$160/ac
		Spot Spraying	\$150/ac
		Tree shelter maintenance	\$20/ac

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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		Soil Conservation District also certifies they have reviewed this Claim for Payment and approve the	
amounts indicated above.			
Signature (SCD Manager)		Date	
For MDA Use		APPROVAL FOR PAYMENT	
Note reasons for any payment adjustment; for example, actual acres planted differed from estimated acres. If participant owes money to MDA, explain why, and indicate amount owed.			
\$	Final Payment	Signature (MDA Representative):	Date:
\$	Amount Owed to MDA		
THE MARYLAND DEPARTMENT OF AGRICULTURE RECOMMENDS PAYMENT IN THE AMOUNT SHOWN AT RIGHT			Payment
			\$
Signature (MDA Representative):			Date: