



## Dodge County Farmers for Healthy Soil Healthy Water CoverCropIncentive Program (CCIP) Application Guidelines



Farmers for HSHW recognize the importance of protecting soil and promoting soil health. Following the guidelines below, acres within Dodge County are eligible to participate in this Department of Agriculture Trade, & Consumer Protection (DATCP) cover crop incentive program.

1. Acres with a successfully established cover crop will receive \$25.00 per acre. Only acres in Dodge County will be eligible to receive payment from HSHW, and the maximum number of acres per producer is 30 acres.
  - a. New CCIP participants will receive a 1:1 match (i.e. every acre that is paid for, planted, and successfully established will receive the full incentive payment).
  - b. Returning CCIP participants must match 2:1 (i.e. producer must pay for, plant, and successfully establish 2 acres for every acre of receiving the incentive payment.)
  - c. Establishment of covers must be documented with aerial photos/maps and cover crop seed invoices.
2. Producers will be selected on a first come first served basis until the funding is exhausted. Applications not selected based on lack of funds will receive priority for future funding.
3. Producers are encouraged to have a SNAP Plus Nutrient Management Plan or be willing to develop a plan for 2020.
4. Farmers for HSHW are not responsible for mismanagement of cover crops and they are not liable for any damage incurred by this cover crop practice.
5. Please contact Tony Peirick ([tspeirick@hughes.net](mailto:tspeirick@hughes.net) or 920-390-0583) or Brendan Blank ([brendonblank@gmail.com](mailto:brendonblank@gmail.com) or 920-285-4640) with cover crop or application questions.
6. Please send completed applications to HSHW Incentive Program Subcommittee c/o Land and Water Conservation, Administration Bldg., Rm 328, 127 East Oak St. Juneau, WI 53039.

Please sign if you accept and agree to follow the HSHW-CCIP guidelines.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## HSHW Cover Crop Incentive Program Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you participated in the HSHW-CCIP program before? **Y or N**

What is your goal or objective for wanting to plant cover crops? (i.e. erosion or weed control, soil health, compaction reduction, carryover N, etc.)

### Field and Cover Crop Practice Information

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Field Name:

Crop rotation:

Field Location:

Tillage (if any):

Anticipated Cover Crop  
Species:

Manure used? **Y or N**

Anticipated Seeding Rate:

Total Acres for Payment:

### Match Acres and Cover Crop Information

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Field Name:

Crop rotation

Field Location:

Tillage (if any):

Anticipated Cover Crop  
Species:

Manure used? **Y or N**

Anticipated Seeding Rate:

Anticipated Seeding Rate:

Total Match Acres:

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Do you have a SNAP Plus nutrient management plan? **Y or N**

Would you like help starting one? **Y or N**

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_