



2022 Dodge County Farmers for Healthy Soil Healthy Water Cover Crop Incentive 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. **This program is for first time applicants only**, for cover crops planted between June 1 and December 15.
2. 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 40 acres.
 - a. CCIP participants will provide a 1:1 match.
 - i. If a farmer planted 20 acres, he would receive cost-share money on 10 of those acres.
 - ii. Producers are required to have a SNAP Plus Nutrient Management Plan or be willing to develop a plan for 2022.
 - b. Establishment of covers must be documented with aerial photos/maps and cover crop seed invoices.
 - c. Payments will be made when all documentation is received and verification of cover crop planting.
3. Application approval is based on funding.
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. W-9 Form Required.
6. Please contact Tony Peirick (peirick0583@gmail.com or 920-390-0583) or Brendan Blank (brendonblank@gmail.com or 920-285-4640) with cover crop or application questions.
7. 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: _____

What is your goal or objective for wanting to plant cover crops (Check all that apply)

- Erosion Weed Control Soil Health Compaction Reduction Forages
 Reduce N Loss Water Infiltration Write-In: _____

Field and Cover Crop Practice Information

Township:

Town Section:

Crop rotation:

Field Address (or nearest road):

Tillage (if any):

Anticipated Cover Crop
Species:

Manure used? **Y or N**

Anticipated Seeding Rate:

For forages? **Y or N**

Total Acres for Payment:

Match Acres and Cover Crop Information

Township:

Town Section:

Crop rotation:

Field Address (or nearest road):

Tillage (if any):

Anticipated Cover Crop
Species:

Manure used? **Y or N**

Anticipated Seeding Rate:

For forages? **Y or N**

Anticipated Seeding Rate:

Total Match Acres:

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

Do you need help creating one? **Y or N**

Participant Signature _____ **Date** _____