

Drinking Water Protection Incentive Program Application

Fall / Cool Season Cover Crop Implementation

Date _____

Landowner / Operator _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Number of Acres _____

Legal Description _____

Please attach map of field location.

Incentive Payment Options per Acre	Practice Payment	Acres	Payment
Base Payment for Single Species Cover Crop			
No-Till	\$40		\$
Conventional / Minimal / Strip till	\$30		\$
Additional Practices			
Plant on or before September 1 st	\$10		\$
Plant multi-species including One Cool Season Grass	\$10		\$
Delayed termination after May 1 st	\$10		\$
Follow approved Nutrient Management Plan	\$10		\$

Total Eligible Incentive Payment | \$

This contract is entered into between the City of Andale and the undersigned landowner(s) and/or Tenant(s) (herein referred to as Operator). By signing below, the operator understands and agrees that upon his/her signature this contract will become effective. The operator agrees, as soon as practicable after his/her signature, to implement the contract and provide certification of completion (i.e. invoices and/or receipts) to the Sedgwick County Conservation District office. Furthermore, the undersigned operator agrees to the terms set forth herein by the regulations governing the Division of Conservation Water Resources Cost-Share Program to include:

- 1) I understand that as a condition of receiving incentive assistance, I have not begun construction or installation of these practices until approved.
- 2) Should I fail to maintain the practice according to Approved Standards and Specifications, it is understood that I may be declared ineligible for future cost-share funds and will be required to pay back to the City of Andale incentive funds received.

Applicant Signature _____

Date _____

Approval YES _____ NO _____

Reason _____

Approval Signature _____

Date _____