

**HUNTINGDON COUNTY CONSERVATION DISTRICT  
COVER CROP INCENTIVE PROGRAM APPLICATION  
(Please Return to Conservation District by  
November 15, 2023)**

**Name and Address**

Name (First and Last) \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_

**Farm Information**

Farm name: \_\_\_\_\_  
Location/address: \_\_\_\_\_  
Watershed (if known) \_\_\_\_\_

field# \_\_\_\_\_ acres \_\_\_\_\_ current crop \_\_\_\_\_  
field# \_\_\_\_\_ acres \_\_\_\_\_ current crop \_\_\_\_\_  
field# \_\_\_\_\_ acres \_\_\_\_\_ current crop \_\_\_\_\_  
field# \_\_\_\_\_ acres \_\_\_\_\_ current crop \_\_\_\_\_

\*If you need additional fields, please attach a separate sheet with the appropriate information.

Conservation or Ag E&S Plan: Yes  No  If yes, date of plan: \_\_\_\_\_

Manure Management or Nutrient Management Plan: Yes  No   
If yes, date of plan: \_\_\_\_\_ Type of plan: \_\_\_\_\_

**Type of Cover Crop (Place "yes" next to the applicable type)**

Winter Wheat \_\_\_\_\_ Rye \_\_\_\_\_ Clover \_\_\_\_\_ Triticale \_\_\_\_\_  
Other (please describe): \_\_\_\_\_

Please select the following type of seed you plan to use: Certified Seed  Bin Ran

If you selected "Bin Ran" did you attach a testing certification? Yes  No

**Additional Information**

How will cover crop be planted? No-Till \_\_\_\_\_

Have you used cover crops in the past? Yes  No  # of Years \_\_\_\_\_

Are you planning to harvest your cover crops (**only after April 1**)? Yes  No

Will manure be applied to cover crop? Yes  No

If so, what type: \_\_\_\_\_ Liquid  
\_\_\_\_\_ Pen Pack  
\_\_\_\_\_ Litter

I certify that I have read the requirements of the Huntingdon County Conservation District Cover Crop Incentive Program and agree to be bound by these requirements if I am selected to receive funding under this program. Please attach labeled and named maps with participating fields to this application.

\_\_\_\_\_  
Operator signature

\_\_\_\_\_  
Date