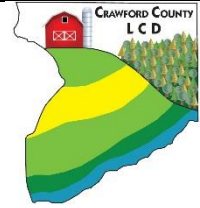


# Crawford County Land Conservation Department

225 N. Beaumont Rd. Ste 230 · Prairie du Chien, WI 53821 · 608-326-0270



## COST SHARE APPLICATION

### PRACTICE: NUTRIENT MANAGEMENT PLAN

NAME \_\_\_\_\_

ACRES \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FARM LOCATION (TOWN/RANGE/SECTION) \_\_\_\_\_

#### AGREEMENT:

- 1) Effective date: Upon approval by the Land Conservation Committee.
- 2) Crawford County agrees to pay:  
Between \$14.00 - \$28.00 per acre (\$3.50 - \$7.00 per acre per year, for a period of 4 years),  
:for a plan that
  - a. Meets NRCS Standard 590 and Technical Note WI-1.
  - b. Is signed by a Certified Nutrient Management Planner.
- 3) The applicant agrees to:
  - a. Submit a copy of the plan, which includes all materials provided and requested of the planner.
  - b. Apply and use the nutrient management plan once it is approved by a Certified Nutrient Management Planner. Annual NMP Checklists must be submitted. Approved plan must be followed for as long as cost-share recipient farms the land.
  - c. Submit bills for cost share; and pay the vendor(s), in full, upon receipt of cost share.
  - d. Consent to the County providing copies of your conservation plan to the planner you've selected.
  - e. If a conservation plan does not meet the tolerable soil loss, does not exist, or contains Alternate Cropping Systems, agrees to develop a conservation plan that meets tolerable soil loss.

**CRAWFORD COUNTY LAND CONSERVATION DEPARTMENT  
COST SHARE APPLICATION – NUTRIENT MANAGEMENT PLAN**

I request cost sharing for \_\_\_\_\_ acres, and agree to the conditions listed on page 1 of this agreement:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**THE NUTRIENT MANAGEMENT PLANNER FOR MY FARM (IF KNOWN) IS:**

Name \_\_\_\_\_

**FOR OFFICE USE ONLY**

Plan reviewed meets NRCS standards

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Total Acres	
Cost Share rate	/Acre
Total Cost Share amount	\$

State Cost Share	\$
County Cost-Share	\$
Other	\$

The applicant has met the requirements and a copy of their plan was provided to the County

\_\_\_\_\_  
LCD Signature

\_\_\_\_\_  
Date