

CENTRAL PLATTE NRD COVER CROP COST SHARE PROGRAM

Revised (01/27/26)

The purpose of a cover crop is to manage soil fertility, soil quality, water, weeds, pests, diseases, biodiversity and wildlife in agroecosystems.

LANDOWNER or : _____ SOCIAL SECURITY NO: _____
OPERATOR _____
ADDRESS: _____ PHONE: _____
_____ Cell Phone: _____
County: _____
Email: _____ Operator: _____
Operator: _____
LOCATION: _____ 1/4, SECTION _____ TOWNSHIP _____ RANGE _____

This application will not be effective until approved by the NRD: All applications must be approved before project can be started. Claims for payment will not be accepted more than one year from the date this application is approved. Claims for payment submitted but being held subject to compliance with all rules and regulations of the Central Platte NRD programs shall be held only up to 90 days. After 90 days, the claim for payment shall be considered void and the original application cancelled.

Two 3ft.soil samples for nitrate analysing must be taken following NRD guidelines and submitted to the NRD.
The first sample will be taken when the cover crop is seeded and the second sample
will be taken just before it is removed/destroyed.

Items of cost for which reimbursement is claimed are to be supported by documentation of payments made.
Cost share is 50% of actual cost up to \$2,000.00 for Seed **ONLY**. One application per landowner or operator per year.
Plantings must be planned and installed in accordance with technical specifications of the NRCS.

APPLICANT'S REQUEST		PERFORMED		
# of Acres to be Planted	Maximum Assistance	Actual Cost	50% Actual	Cost Share
	\$2,000.00			

APPLICATION: I understand that I must be in compliance with all rules and regulations of the Central Platte Natural Resources District's programs, both at the time of application in order to receive approval, and at the time of completion in order to receive payment.

LANDOWNER/OPERATOR CERTIFICATION:

I certify that the items for which payment is claimed were furnished under authority of the law and that the charges are reasonable, proper, and correct and no part of the claim has been paid. I certify that I accept all responsibility for any activities associated with this cost share.

Landowner/Operator _____ Date _____

Landowner/Operator _____ Date _____

NRCS or NRD Technician _____ Date _____

Landowner/Operator _____ Date _____

APPLICATION APPROVAL:

The Central Platte NRD Board of Directors approved the Applicant's request and hereby obligate \$ _____

COMPLETION AND CERTIFICATION:

NRCS or NRD Technician _____ Date _____

NRD Representative _____ Date _____

NRD Representative _____ Date _____

Office Use Only:

Record # _____

Compliance _____

Bills Paid _____