## 2024 CONSERVATION COVER (POLLINATORS) COST-SHARE APPLICATION KANKAKEE COUNTY SOIL AND WATER CONSERVATION DISTRICT



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Cost-share will cover up to <u>75% of conservation cover establishment costs up to 10 acres maximum per operator</u> as listed on the FSA Producer Farm Data Report. Applications will be accepted from August 19th to August 30th. Fields must be in Kankakee County. Priority will be given to operators with sheet/rill erosion above "T". Agreements will be for 5 years. For more information, visit our website at <a href="kankakeecountyswcd.org/cost-share">kankakeecountyswcd.org/cost-share</a>.

Please fill out 1 application per field.

Operator Name (First, Last): \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: Email: Check box if operator and landowner information is the same. Landowner Name (First, Last): Phone Number: Address: CONSERVATION COVER INFORMATION 1 This Conservation Cover will be a (select one) NEW ESTABLISHMENT or ENHANCEMENT OF EXISTING COVER (2) If a NEW ESTABLISHMENT, what crop/cover is currently on the planned area? (3) If an ENHANCEMENT, what existing perennial vegetation is currently established? (4) Number of acres to be enrolled? (10 acres max) acres SITE HISTORY YEAR CROP TILLAGE TYPE FALL/SPRING % RESIDUE 2023 2024 LOCATION 1 Farm & Tract Number: \_\_\_\_\_ (2) 12-digit Parcel Tax Number (find at <a href="https://www.k3gis.com">www.k3gis.com</a>) \_\_\_\_ (3) Please include a map and highlight the field or portion of field to be enrolled in cost-share. Applicant understands that, if selected, they will enter into a 5-year agreement with the Kankakee County Soil and Water Conservation District to establish and maintain a conservation cover plot for 5 years. During this timeframe Kankakee County SWCD will require site access to make routine field visits to document conservation cover establishment, growth and maintenance. Qualifications for payments are at the discretion of the Kankakee County Soil & Water Conservation District. Receipts and seed tags must be sent to the District before cost-share payments can be awarded. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_