

PRACTICE ENROLLMENT FORM AND AGREEMENT



Producer/Entity Name: _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Tax ID Number: _____ **Date:** _____

Soil & Water Conservation District: _____

Please indicate if you are one of the following:

- SWCD Staff* SWCD Board Member * ODA Staff

Practice(s) and Quantity:

Practice	Acres or # Structure(s)					Total Ac.	Amount \$
	20__	20__	20__	20__	20__		
1	Voluntary Nutrient Management Plan Development - \$2.00/Ac.						
	Voluntary Nutrient Management Plan Implementation - \$2.00/Ac.						
2	Variable Rate Phosphorus Application - \$8.00/Ac.						
3	Subsurface Phosphorus Placement - \$30.00/Ac.						
4	Manure Incorporation - Poultry Litter - \$35.00 /Ac.						
	Manure Incorporation – All other manure \$60.00/Ac.						
5a	Conservation Crop Rotation – Small Grains - \$35.00 /Ac.						
5b	Conservation Crop Rotation – Forage - \$35.00 /Ac.						
6	Overwintering Cover Crops - \$25.00 /Ac.						
7	Drainage Water Management w/o Submain - \$1,500 per Str.						
	Drainage Water Management w/Submain - \$4,000 per Str.						
	Drainage Water Management Implementation - \$200/Year for year 2,3,4						
Total							

_____ Initials

For SWCD and ODA Use Only

Project Name: _____
 example: (2020 - H2Ohio - Last name, First name) or (2020 - H2Ohio - Operation Name)

SWCD or ODA Technical Representative: _____
 Name Date

*SWCD staff and SWCD board member applications must be submitted to The ODA-Division of Soil and Water Conservation at: DSWC@agri.ohio.gov or to DSWC, 8995 E. Main Street, Reynoldsburg, Ohio 43068



The undersigned producer/entity agree to the following and shall:

1. Certify the acreage under this agreement is not enrolled or benefiting from any other incentive program(s), e.g. USDA Farm Bill, for the conservation practice(s) indicated on the signed application form.
2. Implement planned practice(s) according to required technical specifications set forth in the criteria specified in attached addendum(s).
3. Install and complete indicated practice(s) within the periods required in attached addendum(s).
4. Allow representative(s) of the SWCD and Ohio Department of Agriculture to inspect the property and certify practice(s) were implemented according to the required technical specifications set forth in the criteria specified in attached addendum(s).
5. Notify the SWCD and request approval of any proposed changes to practice implementation.

The _____ Soil and Water Conservation District or the Ohio Department of Agriculture (ODA) shall:

1. Provide producer(s) with a fully executed copy of this agreement.
2. Inspect and verify implementation of practice(s) is complete and meets the required technical specifications set forth in the criteria specified in attached addendum(s).
3. Provide H2Ohio program payments to producer(s) according to schedule(s) specified in attached addendum(s).
4. Monitor the maintenance of established practice(s). Representative(s) of the District or ODA shall have the right of ingress and egress to the land enrolled in this program.
5. Review and verify requests for practice(s) implementation changes submitted by producer(s) are proper and reasonable if applicable.

I (We) understand that failure to implement all the components of a practice(s) or follow the design criteria for the practice(s) as described in the attached addendum(s) will nullify the agreement for that specific practice(s) and any associated incentive payment allocated to the producer/entity. Furthermore, all incentive payments will be based on verified, completed practices as documented in the SWCD Beehive Reporting System.

Hereby agreed to by:

Producer/entity signature

Print Name

Date

This agreement has been reviewed by the _____ Soil and Water Conservation District board of supervisors or ODA and the acreage under this agreement is eligible for H2Ohio funding.

Board Chairperson, ODA representation or designee signature

Print Name

Date

[Attach addendum(s) here: Corresponding BMP Guidance Documents, initialed by the producer, for each practice selected to this Practice Enrollment and Form and Agreement]