2024 Soil Health Cost-Share Acknowledgement

Business name/Point of Conta	ct:			
Point of Contact(s) Email & P	hone Num	ber:		
Preferred contact method:	Text	Call	Email	Preferred Payment Year:
Preferred document method:	Mail	Email	In-Person	
Address:				
Reduced Tillage and/or Cover	Crop Cos	t Share:		
Field location (county, townsh	ip, & secti	on) and acres	:	
Plans & Approval:				Initials:
Planned Cash-crop Plant Date	e:		_ Planned Tillage	e Date:
Planned Cover Crop Plant Da	te:	Plan	ned Termination	n Date/Method:
crop mixes must be planted by planted by November 1.* A flastrip-till. Both programs have available to all producers in the backside). Growers new to outfirst year. Summary and contriblinge program) and before planew annually, for up to three year.	y Septembo at rate of \$ a maximu ne Renville r cost-shar ract must b lanting of o years. Not program. 0) 523-1559	er 15, and sing 30 per acre for a cost-share er County and re program who e signed and cover crop (cost eligible to record field must part or the HCW	gle, overwintering or reduced tillage of \$5,000 per far Hawk Creek Wall be eligible for approved before ever crop prograteive cost share it its inspection before at (320) 522-36	e will be offered for no-till or rmer, per year. Cost-share is atershed boundaries (see map on an additional \$10 per acre for the e planting of spring crop (reduced m). One year contract, must refereeiving other form of cost-fore payment is made. Contact 666 for more information.
	at I have	read, unde	rstand, and ac	ecept the above terms and
conditions to receive a co		· ·	ŕ	•
Signature		· · · · · · · · · · · · · · · · · · ·		Date:
Renville Co SWCD	n	A	Hawk Creek	Watershed Project

Renville Co SWCD 1008 W Lincoln, Olivia, MN 56277 (320) 523-1559



Hawk Creek Watershed Project 500 E DePue Ave, Olivia, MN 56277 (320) 523-3666

