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
   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 ______________________________

Page 2 of 2

Revised 7/2014