

# FY 2020 Prevented Planting / Cover Crop Incentive Program

Form: PP/CC 1

## Application and Payment Form

<b>County</b> _____	<b>Application No</b> _____	<b>Application Date</b> _____
<b>Applicant</b>		<b>Landowner</b>
Name: _____	Name: _____	_____
Address: _____	Address: _____	_____
City, State, Zip: _____	City, State, Zip: _____	_____
Phone: _____	Phone: _____	_____

Field ID Farm + Tract #	GPS Coord. (dec./ deg.) Latitude / Longitude	HUC 12 Watershed Number	TWP Sec.	TWP N or S	TWP Range E or W	1/4 Sec	P.M	Acres	Rate	Payment
									\$5.00	\$0.00
									\$5.00	\$0.00
									\$5.00	\$0.00
									\$5.00	\$0.00
									\$5.00	\$0.00
									\$5.00	\$0.00
									\$5.00	\$0.00
									\$5.00	\$0.00
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									\$5.00	\$0.00
									\$5.00	\$0.00
									\$5.00	\$0.00
									\$5.00	\$0.00
									\$5.00	\$0.00

**Totals** **Acres**                      **0 Payment**                      **\$0.00**

I hereby certify that the materials, labor and equipment listed above were used in installing the cover crop practices and no items or costs have been included on another claim for payment under this agreement or as a claim under any other cost-share or incentive program. I understand the payment amount is based upon a flat rate and that I am entitled to no more than the stated amount.

Check Payable to (Please Print)



Participants Completion Certification                      Date  
 \_\_\_\_\_

Signature

Supporting Documents                      PP/CC-1A     

FSA 578