

Woodford County Conservation District

APPLICATION FOR FIELD COVER CROP 2025

Name:					
Farm Address:					
Mailing Addres	ss:				
Phone:			SS #:		
FSA Farm #:			Ag Water Quality	Plan: Yes (Year):	No:
Acres:	Corn/Soy:		Burley Tobacco:		
Cover Crop:					
Actual Cost:					
	e practice will pay \$20 h harvested in late sum	• •	· ·	•	•
_	over crop species for tl sted for grain or forag			rops planted throug	h this program
FSA form 578,	g documents must be to , and 4. a map indication Il producers to report of	ng the acres and fie	lds planted. Woodfo	ord County Conserva	tion District
The cover cro	p must be planted bef	fore December 1st t	to be eligible for pay	yment.	_
	is on a first come-first d County Conservation		_	•	conducted by
Landowner Sigi	nature:			Date:	
District Supervi	isor:			Date:	
		OFFICE U	SE ONLY		
Received By:				oate:	
Payment:		Check No:		Pate:	