

MARYLAND DEPARTMENT OF AGRICULTURE
2025 Small Acreage Cover Crop Program

General Instructions

- Growers applying for less than (10) acres qualifying for cover crops are eligible
- Complete the application providing the following information within the fillable form:
 - Applicant's social security number or Federal ID number
 - Applicant name and Farm Name (must match w9 Tax form)
 - Mailing Address
 - If the operation has a current nutrient management plan and/or soil and water conservation plan
 - Estimated area of cover crop
 - Planting method (refer to agreement #5 for selection definitions)
 - Vendor and item description
 - Estimated cost – eligible expenses are:
 - Seed costs (including shipping)
 - Labor (capped at \$15 per hour)
 - Custom services and/or equipment rental fees directly related to the planting of the cover crop
- Review and sign the Program Requirements and Agreement
- Required documents to submit with the application and agreement are:
 - Map of the location of the cover crop (this can be an aerial photograph or hand-drawn sketch)
 - Nutrient Management Certification form or Nutrient Management Waiver.
- Send signed application, agreement, and documents to:
 - Via postal service:
 - MD Department of Agriculture
Conservation Grants
c/o Bill Tharpe
50 Harry S. Truman Parkway, Rm 207
Annapolis, MD 21401
 - Via electronic submission:
 - bill.tharpe@maryland.gov
- For questions about the Small Acreage Cover Crop Program, please contact Bill Tharpe at 410-980-6160 or bill.tharpe@maryland.gov

MARYLAND DEPARTMENT OF AGRICULTURE

2025 SMALL ACREAGE COVER CROP PROGRAM
APPLICATION / AGREEMENT

*** For MDA Use ***

Date Received:			AGREEMENT #:	
Location:			MACS Acct. #:	

Section I – Applicant Information

SS or FID# -	Phone Number	Email Address		
NAME and ADDRESS (of person or entity to receive payment as represented on w9 IRS form).		Farm Plans / Reports		
Name:		Do you have a current Nutrient Management Plan?	Y	N
Farm or Business Name:		Name on Annual Implementation Report (AIR)		
Mailing Address:				
City/State/ZIP:		Do you have a Soil & Water Conservation Plan?	Y	N

Section II – Technical Report

Small Acreage Cover Crop Implementation	Estimated Area (sqft)	Planting method
Plant a cover crop mix during a period of the year that land is fallow of a commodity crop <u>AND</u> terminate winter cover crop in spring after March 1, 2026.*		
Vendor/Item	Estimated Cost**	
	TOTAL:	\$0.00

* For early season vegetables, termination may occur as early as February 15, 2026; however it is expected that the vegetable crop will be planted within 2 weeks of the cover crop being terminated.

** Payment will be based on original receipts and proof of payment. The application will have a maximum cap of \$1,500.

STATEMENT CONCERNING CONTROL OF LAND

I have reason to believe that I will have control of all lands enrolled in the Small Acreage Cover Crop Program for the duration of this Agreement; and that I either own the land or am leasing/renting the land (whether under a written or verbal agreement). If I cannot comply with the requirements of this Agreement due to loss of control of any enrolled fields, I will notify the Department immediately. I acknowledge the Agreement may then be terminated by the Department with no obligation to pay the applicant, and I may be liable to repay any funds received.

Signature	Date

Public Information Notice – The principal purpose of this application is to identify whom the agency intends to give State funds. If you fail to provide the requested information, the Department may not provide you with funds. You have the right to inspect, amend, or correct personal information collected by the agency. Much of the personal information collected by the agency is available for public inspection. This information is not routinely shared with state, federal, or local government.

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Section III – Applicant Acknowledgment/Certification and Signature	
<p>Certification - I request financial assistance under this program to support the State's soil health goals. I have read the program requirements and understand: (1) the terms of eligibility, (2) my obligations under the program, and (3) the process and steps required to receive payments. I understand I am not accepted into the program until I have received a copy of my signed and dated agreement from the Maryland Department of Agriculture ("Department"). I acknowledge that if I fail to comply with any of the applicable program requirements or provide false information in this Application, such actions may result in: (1) termination of this Agreement by the Department, (2) being excluded from future Small Acreage Cover Crop Program participation, (3) having a claim for payment denied, and (4) being liable to return the full amount of any claim paid. I further acknowledge that a claim may be denied if I am non-compliant with other Department programs.</p>	
Signature of Applicant	Date
For MDA Use	Section IV – Application Approval
<p>The MD Department of Agriculture – Conservation Grants Program Administrator has reviewed this referral and finds it adequate and appropriate for this program.</p>	
Authorized Signature (Program Administrator)	Date
<p>The Maryland Department of Agriculture approves this application for Small Acreage Cover Crop</p>	Amount Approved:
	Fund Source:
Signature (MDA Representative)	Date
<p>This document may be executed in multiple counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Signatures provided by electronic means including, by way of example and not of limitation, facsimile, Adobe, PDF, and sent by electronic mail, or via an electronic signature program, shall be deemed to be original.</p>	