

DSL-01 PERMANENT VEGITATIVE COVER ESTABLISHMENT

- A Vendor Input/ACH-EFT Application must be completed before a contract may be created. This form allows a 1099-G to be submitted to you at the end of the year. It also allows for your reimbursement to be sent to your account electronically once your project is completed.
- Practice is not eligible for converting woodland or forest to pasture.
- A current soil test must be submitted to develop a plan.
- Grazing must be delayed until the new seeding has attained a good growth for cool season grass and is established to a minimum height of 8-10 inches for warm season grass.
- Seeding rates vary. No practice may be seeded from October 15th through December 15th. Pay close attention to the seeding chart and seeding dates attached to your plans.
- Practice must be maintained for five years.
- Receipts for fertilizer and lime must indicate the quantity and blending analysis of the fertilizer and the ENM of the lime purchased. Receipts must be marked **PAID** with the appropriate check number.
- Receipts for seed must be submitted and include variety, quantity purchased, and price. The copy of the seed ticket from the bag also needs to be submitted. Receipt must be marked **PAID** with the appropriate check number.
- I certify that I have not started the practice. I understand that if I begin the practice before I receive official notification of approval from the district board I am not eligible to receive cost-share assistance for completing the practice.
- I understand that the district board of supervisors must approve any modification in the design of the practice. Failure on my part to request changes and obtain board approval of the changes may jeopardize my cost-share payment for the practice.
- I understand that I am not eligible to receive payment for installing the practice until it meets NRCS Standards and Specifications within Commission policy.
- Once claim has been signed and approved it will take approximately 4-6 weeks before the reimbursement is issued to your account.

I have read the above cost share policies and procedures and understand them. I assume full responsibility for all expenses incurred if I fail to follow these policies and procedure.

Landowner / Operator

Date