TTK 319 Cost-Share Eligibility
Structural Practices

Producer Name: _____ Phone number: _____

Address: _____

Email: _____ ☐ Would you like to receive our E-Newsletter?

Watershed(s), if known: _____

Tract/Farm #'s and/or location(s): _____

_____

Landowner(s): _____

Please check all that apply per FSA Farm Tract under review:

Level 1: Check all that apply

	100% No-Till soybeans
	Plant critical areas (draws, washes) to cover crops
	Buffers (20' or more) on all streams and creeks

Level 2: Check all that apply

	100% No-Till soybeans
	Plant critical areas (draws, washes) to cover crops
	Buffers (20' or more) on all streams and creeks
	Variable Rate Applications of P, K, and lime

Level 3: Check all that apply

	100% No-Till for commodity crops plus 100% cover crops for horticultural crops
	Plant critical areas (draws, washes) to cover crops
	Buffers (20' or more) on all streams and creeks
	Variable Rate Applications of P, K, and lime
	Split Nitrogen Applications (no fall applications)

Level 4: Check all that apply

	100% No-Till for commodity crops plus 100% cover crops for horticultural crops
	Plant critical areas (draws, washes) to cover crops
	Buffers (20' or more) on all streams and creeks
	Variable Rate Applications of P, K, and lime
	Split Nitrogen Applications (no fall applications)
	Cover crops on at least 50% of crop acreage

Level 5: Check all that apply

	100% No-Till for commodity crops plus 100% cover crops for horticultural crops
	Plant critical areas (draws, washes) to cover crops
	Buffers (20' or more) on all streams and creeks
	Variable Rate Applications of P, K, and lime
	Split Nitrogen Applications (no fall applications)
	Cover crops on at least 50% of crop acreage
	At least 25% of roads buffered (20' or more) on total operation
	Farm owner's or operator's proof of recent septic inspection and/or maintenance on any property located within the TTK watershed (within current grant time period)

I hereby certify that the aforementioned statements are correct and can be verified during an on-site visit or through an evaluation of current records, if requested.

_____ _____

Producer signature *Date*