

MISSOURI DEPARTMENT OF NATURAL RESOURCES
 MISSOURI ASSOCIATION OF SOIL & WATER CONSERVATION
 DISTRICTS

MISSOURI DEPARTMENT OF CONSERVATION and the

SOIL AND WATER CONSERVATION DISTRICT OF:

DNR OFFICE USE ONLY

PVS# _____
 INV# _____
 VOUCHER# _____
 PAYMENT AMOUNT _____
 DATE APPROVED _____
 AUTHORIZING SIGNATURE AND DATE _____

**MISSOURI CONSERVATION RESERVE ENHANCEMENT
 PROGRAM (MOCREP) AND AGRICULTURAL SOURCE
 WATER PROTECTION SALT AND WILDLIFE INCENTIVE**

PROJECT PARTICIPATION CLAIM FORM REQUEST

MASWCD OFFICE USE ONLY

PAYMENT AMOUNT _____
 DATE APPROVED _____
 ACCOUNT NUMBER _____
 DOCUMENT NUMBER _____
 AUTHORIZING SIGNATURE AND DATE _____

Landowner Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

I, the undersigned, am participating in the USDA-Missouri Conservation Reserve Enhancement Program (MOCREP) and have elected to establish the following USDA practice(s) on my CREP land.

Name of Public Drinking Water Supply System in which the practice(s) is located: _____

(Please circle the practice in which the landowner is participating)

- CP2: Native Grasses _____ acres planted
- CP4D: Wildlife Habitat _____ acres planted
- CP8A: Grass Waterways _____ acres planted
- CP10: Vegetative Cover Grass Already Established _____ acres planted
- CP15A: Contour Grass Strips _____ acres planted
- CP21: Filter Strips _____ acres planted
- CP22: Riparian Buffer _____ acres served
- CP23A: Wetland Restoration, Non-Flood Plain _____ acres served
- CP23: Wetland Restoration _____ acres served
- CP25: Rare and Declining Habitat _____ acres served
- CP29: Wildlife Habitat Buffer on Pastureland _____ acres served
- CP30: Wetland Buffer on Pastureland _____ acres served
- CP31: Bottomland Timber Establishment _____ acres served
- CP33: Habitat Buffers _____ acres served

Total Dollar Amounts

Actual Cost to Establish the Practice = \$ _____
 Amount paid on AD-245 = \$ _____
 Amount paid by SWCP = \$ _____
 (AD-245 net payment X 50% = SWCP Total)

Amount paid by MDC = \$ _____
 (Total acres enrolled X \$100/acre = MDC Total)

I recognize the benefits to the environment, public drinking water, and wildlife from these plantings, and request the DNR's supplemental incentive of 25% of the average county costs and MDC's \$100 per acre incentive. I certify that I will not receive reimbursement for more than 100% of the actual costs of cover establishment, federal and state cost-share combined.

If I am required to refund any CREP funds to USDA for failure to maintain the plantings or if I fail to comply with other program requirements, I agree to return to the State of Missouri a pro-rated amount of the additional incentive provided.

Landowner Signature: _____ **Date:** _____

The above named landowner has requested the additional incentive(s) provided for establishing the appropriate cover on USDA-CREP acreage. We, the SWCD Board of Supervisors, acknowledge the landowner's eligibility to participate in DNR's 25% cost share payment and MDC's \$100 per acre incentives for eligible practices in the MOCREP. It has been certified that the landowner will not receive reimbursement for more than 100% of the actual costs of cover establishment, federal and state cost-share combined.

Board Signature: _____ **Date:** _____

<u>Total Acres Served</u>	<u>"T" on Field</u>	<u>Pre-Install Erosion (gully)</u>	<u>Post-Install Erosion (gully)</u>
<u>Pre-Install Erosion (sheet and rill)</u>		<u>Post-Install Erosion (sheet and rill)</u>	<u>Land Capability Class/Subclass</u>