



## 2024 SSWIG Cost Share Agreement

---

The Sauk Soil and Water Improvement Group (SSWIG) Conservation Practice Cost Share Program is intended to encourage local farms to test and adopt new conservation practices on their operations. These funds are available on a first-come, first-serve basis until all fund pools have been allocated. Practice cost share funds will only be disbursed after program participants provide proof of implementation (e.g. photos), receipts, field maps, and seed tags (if applicable), and the SSWIG advisory committee has reviewed and approved payments.

### Eligibility Requirements:

- Applicant must be current registered SSWIG members
- Applicant must complete current annual conservation practice survey (see page 3)
- Field(s) in application must be within the SSWIG watershed boundaries (see Figure 1.)
- Field(s) in application shall not be enrolled in additional cost share programs for the same practice(s)
- Field(s) included in application must meet WI State Agricultural Performance Standards and Prohibitions

### Applicant Agrees to:

- Allow SSWIG to post a sign by the field promoting the practice
- Attend a minimum of one SSWIG field day, pasture walk, workshop, meeting or another event during 2024
- Provide proof of practice implementation (e.g., actively growing cover crop) and supporting documents (e.g., maps, receipts, seed tags or Pure Live Seed (PLS) verification) to SSWIG no later than October 1<sup>st</sup>.
- Not to harvest crops planted as a cover crop and cost shared by SSWIG for grain
- Not to terminate winter-hardy cover crops cost shared by SSWIG prior to April 15<sup>th</sup>, 2024
- To share information with SSWIG that will be reported to the DATCP Producer-Led Watershed Protection Program (information will only ever be reported as aggregate data)

I have read, fully understand, and agree to comply with the terms of participation listed above for the 2024 SSWIG Cost Share Application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Application Submittal Deadline: October 1, 2024.

Please submit completed applications to SSWIG at [sswig.wi@gmail.com](mailto:sswig.wi@gmail.com) or mail to S4515 Scenic Rd., Baraboo, WI 53913.

*See Page 2 for Conservation Practice Application*

## 2024 SSWIG Conservation Practice Application

---

Please indicate which practice(s) and number of acres you would like to apply for:

**Education Scholarship:**

*Reimbursement of up to \$50.00/SSWIG member for registration fees to attend a class, workshop, field day, seminar, event, etc. for soil health practices and/or water quality.*

1. **Limit one scholarship/member/year.** would you like to apply to implement this practice on?

Event attended: \_\_\_\_\_ Date(s) of event: \_\_\_\_\_

**\*Please submit a copy of the receipt or registration confirmation.**

**No Till:**

*Implement no-till on field(s) applied for (example: no-till corn into soybeans).*

1. What crop(s) will you be no-till into or after and what crop will you be no-till planting?

Previous Crop(s) \_\_\_\_\_ Current Crop(s) \_\_\_\_\_

2. How many acres (**50 acre maximum per application**) would you like to apply to implement this practice on?

Acres applied for cost share: \_\_\_\_\_ acres x \$25.00 per acre = \$ \_\_\_\_\_

Total acres of no till, (including cost share acres applied for): \_\_\_\_\_

**Winter Kill Cover Crop:**

*Plant a cover crop that will winter kill (example: oats planted after corn silage).*

1. What cover crop do you intend to utilize? \_\_\_\_\_

2. Please describe your planned planting method for the cover crop and the rotation for the field (Include any planting dates, planting information, and/or termination methods planned): \_\_\_\_\_

\_\_\_\_\_

Previous Crop(s) \_\_\_\_\_ Next Crop(s) \_\_\_\_\_

3. How many acres (**50 acre maximum per application**) would you like to apply to implement this practice on?

Acres applied for cost share: \_\_\_\_\_ acres x \$25.00 per acre = \$ \_\_\_\_\_

Total acres of winter kill cover crop (including cost share acres applied for): \_\_\_\_\_

**Single Species Cover Crop:**

*Plant a cover crop that will over winter (example: rye planted after corn silage).*

1. What cover crop do you intend to utilize? \_\_\_\_\_

2. Please describe your planned planting method for the cover crop and the rotation for the field (include any planting dates, planting information, and/or termination methods planned): \_\_\_\_\_

\_\_\_\_\_

Previous Crop(s) \_\_\_\_\_ Next Crop(s) \_\_\_\_\_

**Multi - Species Cover Crop:**

*Plant 2 or more cover crops with at least one that will over winter.*

1. What cover crops do you intend to utilize? \_\_\_\_\_
2. Please describe your planned planting method for the cover crop(s) and the rotation for the field (include any planting dates, planting information, and termination methods planned): \_\_\_\_\_

\_\_\_\_\_  
 Previous Crop(s) \_\_\_\_\_ Next Crop(s) \_\_\_\_\_

3. How many acres (**50 acre maximum per application**) would you like to apply to implement this practice on?

Acres applied for cost share: \_\_\_\_\_ acres x \$60.00 per acre = \$ \_\_\_\_\_

Total acres of multi-species cover crop (*including cost share acres applied for*): \_\_\_\_\_

**Planting Green System:**

*Plant cash crop into living cover crop prior to terminating cover crops.*

1. What crop(s) would you like to plant green and what cover crop(s) will they be planted into?  
 Crop(s) \_\_\_\_\_ Cover Crop(s) \_\_\_\_\_
2. Please describe your planned planting date and method (example: no-till, broadcast): \_\_\_\_\_

3. How many acres (**50 acre maximum per application**) would you like to apply to implement this practice on?

Acres applied for cost share: \_\_\_\_\_ acres x \$20.00 per acre = \$ \_\_\_\_\_

Total acres of planting green (*including cost share acres applied for*): \_\_\_\_\_

**Grazing Cover Crops:**

*Integrate livestock back onto your croplands by grazing cover crops.*

1. What cover crop(s) will you be grazing?  
 \_\_\_\_\_
2. How many acres (**50 acre maximum per application**) would you like to apply to implement this practice on?

Acres applied for cost share: \_\_\_\_\_ acres x \$80.00 per acre = \$ \_\_\_\_\_

Total acres of grazing cover crops (*including cost share acres applied for*): \_\_\_\_\_

**Grazing Management and Planning:**

*Implement a grazing management plan approved by SSWIG and track pasture rotations over the course of a grazing season.*

1. How many acres (**50 acre maximum per application**) would you like to apply to implement this practice on?

Acres applied for cost share: \_\_\_\_\_ acres x \$10.00 per acre = \$ \_\_\_\_\_

Total acres of grazing management (*including cost share acres applied for*): \_\_\_\_\_

## 2024 SSWIG Farmer Survey

**Contact Information:**

Name: \_\_\_\_\_ Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Survey Questions:**

1. What is the primary goal you seek to achieve by implementing the practice(s) included in your Conservation Practice Application?

\_\_\_\_\_

\_\_\_\_\_

2. How many farm acres do you operate (include owned and rented acres)? \_\_\_\_\_ **Acres**

3. What is the primary enterprise for your farm? Dairy  Beef  Hog  Crop   
Other (please describe) \_\_\_\_\_

4. How many acres does your farm have of the following land use types? Cropland \_\_\_\_\_  
Pasture \_\_\_\_\_ Managed Grassland/CRP \_\_\_\_\_ Managed Forest \_\_\_\_\_

5. List the general crop rotation and tillage practices for your farm:

Crop (e.g., corn grain, soybean, wheat)	Tillage (e.g., no-till, fall chisel, spring VT)

6. Do you have a 590-compliant Nutrient Management Plan (NMP)?  
Yes  \_\_\_\_\_ acres in NMP plan No

7. If you answered yes to question 5, is your nutrient management plan written...  
by a qualified planner  OR as part of a DATCP approved training course

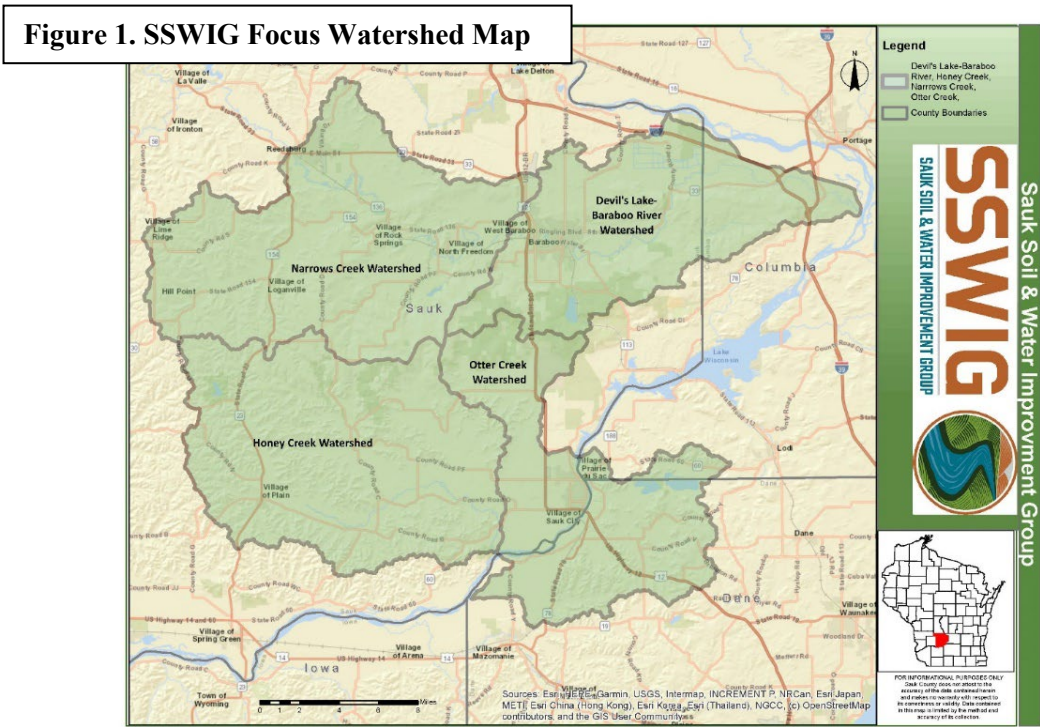
Practice	Yes	If yes, how many acres in 2024?	No, but interested
Cover Crops ( <i>does not include Alfalfa</i> )		Acres	
No-Till		Acres	
Of the acres planted no-till, how many of these acres also had cover crops?		Acres	
Planting Green		Acres	
Rotational grazing		Acres	
Acres of cover crops that are also grazed		Acres	

8. Any additional practices, initiatives, or topics that you would like SSWIG to include in the future? \_\_\_\_\_

9. Where do you get technical information about how to do your practices? \_\_\_\_\_

(We want to know what resources are the most helpful sources of information for you so that we can live up to the goal of providing our members with the best information available.)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## 2024 Practice Certification Checklist (to be completed by SSWIG)

- |  |  |
|--|--|
| 1. 2024 SSWIG membership paid <input type="checkbox"/>                         | 6. Planting Dates submitted (if required) <input type="checkbox"/>       |
| 2. 2024 Farmer Survey completed <input type="checkbox"/>                       | 7. Additional materials submitted (if required) <input type="checkbox"/> |
| 3. Map(s) submitted <input type="checkbox"/>                                   | 8. Payment approved by SSWIG Committee <input type="checkbox"/>          |
| 4. Certification photos (at least 2) submitted <input type="checkbox"/>        |  |
| 5. Seed Tags/Germination Test submitted (if required) <input type="checkbox"/> |  |

Website: [www.sswig.com](http://www.sswig.com)

Email: [sswig.wi@gmail.com](mailto:sswig.wi@gmail.com)



Funding for this was made possible, in part, by the Wisconsin Department of Agriculture Trade and Consumer Protection (DATCP). The views expressed in written materials, publications, speakers, and moderators do not necessarily reflect the official policies of DATCP; nor does any mention of trade names, commercial practices, or organization imply endorsement by the State of Wisconsin.