

**Step 6: Project Details for LEADS - Cover Crops (ESIM-LE-B)**

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1. Provide the date of the Farmland Health Check-Up that assessed the fields impacted by the proposed project: \_\_\_\_\_

2. In your Farmland Health Checkup, fields are identified as 1, 2, 3 or unassessed. All acres not assessed in your Farmland Health Check-Up but included in your proposed project must be listed as unassessed acres. Will the proposed project be implemented on field 1?

Yes

No

3. For field 1, provide the Premises Identification (PID) Number: \_\_\_\_\_

4. Your Farmland Health Check-Up rates the risk of specific health challenges on each assessed field. For field 1, select ONE challenge that will be addressed by the proposed project:

Water Erosion

Wind Erosion

Tillage Erosion

Surface Structure

Subsurface Compaction

Soil Life

Soil Chemistry

Organic Matter

Phosphorus

Pollinator Health

5. For field 1, what rating was given in your Check-Up for the Farmland Health Challenge identified above? (Select one)

Poor

Fair

Good

Best

6. For field 1, how many acres of cover crops will be planted? \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

7. For field 1, what cover crop species will be planted? (Check all that apply)

Red clover

Tillage radish

Oilseed radish

Oats

Rye

Other legume

Other grass, specify: \_\_\_\_\_

Other broadleaves, specify: \_\_\_\_\_

8. For field 1, what is the timing of cover crop planting?

Spring – pre-plant

Spring – inter-seeded

Summer – inter-seeded

Summer – post-harvest

Fall – inter-seeded

Fall – post-harvest

9. For field 1, what method of planting will be used? (i.e., Broadcast – not incorporated, Broadcast – incorporated, Drill or Planter)

Broadcast – not incorporated

Broadcast - incorporated

Drill

Planter

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

10. For field 1, what crop are you planting your cover crop into or after? (Select one)

Corn

Soybeans

Wheat

Other, specify: \_\_\_\_\_

11. Will the proposed project be implemented on field 2?

Yes

No

12. For field 2, provide the Premises Identification (PID) Number: \_\_\_\_\_

13. For field 2, select ONE challenge that will be addressed by the proposed project:

Water Erosion

Wind Erosion

Tillage Erosion

Surface Structure

Subsurface Compaction

Soil Life

Soil Chemistry

Organic Matter

Phosphorus

Pollinator Health

14. For field 2, what rating was given in your Check-Up for the Farmland Health Challenge identified above? (Select one)

Poor

Fair

Good

Best

15. For field 2, how many acres of cover crops will be planted? \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

16. For field 2, what cover crop species will be planted? (Check all that apply)

Red clover

Tillage radish

Oilseed radish

Oats

Rye

Other legume

Other grass, specify: \_\_\_\_\_

Other broadleaves, specify: \_\_\_\_\_

17. For field 2, what is the timing of cover crop planting?

Spring – pre-plant

Spring – inter-seeded

Summer – inter-seeded

Summer – post-harvest

Fall – inter-seeded

Fall – post-harvest

18. For field 2, what method of planting will be used? (i.e., Broadcast – not incorporated, Broadcast – incorporated, Drill or Planter)

Broadcast – not incorporated

Broadcast - incorporated

Drill

Planter

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

19. For field 2, what crop are you planting your cover crop into or after? (Select one)

Corn

Soybeans

Wheat

Other, specify: \_\_\_\_\_

20. Will the proposed project be implemented on field 3?

Yes

No

21. For field 3, provide the Premises Identification (PID) Number: \_\_\_\_\_

22. For field 3, select ONE challenge that will be addressed by the proposed project:

Water Erosion

Wind Erosion

Tillage Erosion

Surface Structure

Subsurface Compaction

Soil Life

Soil Chemistry

Organic Matter

Phosphorus

Pollinator Health

23. For field 3, what rating was given in your Check-Up for the Farmland Health Challenge identified above? (Select one)

Poor

Fair

Good

Best

24. For field 3, how many acres of cover crops will be planted? \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **FBRN:** \_\_\_\_\_

25. For field 3, what cover crop species will be planted? (Check all that apply)

Red clover

Tillage radish

Oilseed radish

Oats

Rye

Other legume

Other grass, specify: \_\_\_\_\_

Other broadleaves, specify: \_\_\_\_\_

26. For field 3, what is the timing of cover crop planting?

Spring – pre-plant

Spring – inter-seeded

Summer – inter-seeded

Summer – post-harvest

Fall – inter-seeded

Fall – post-harvest

27. For field 3, what method of planting will be used? (i.e., Broadcast – not incorporated, Broadcast – incorporated, Drill or Planter)

Broadcast – not incorporated

Broadcast - incorporated

Drill

Planter

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

28. For field 3, what crop are you planting your cover crop into or after? (Select one)

Corn

Soybeans

Wheat

Other, specify: \_\_\_\_\_

29. Will the proposed project be implemented on an unassessed field?

Yes

No

30. For the unassessed field, provide the Premises Identification (PID) Number: \_\_\_\_\_

31. For the unassessed field, how many acres of cover crops will be planted? \_\_\_\_\_

32. For the unassessed field, what cover crop species will be planted? (Check all that apply)

Red clover

Tillage radish

Oilseed radish

Oats

Rye

Other legume

Other grass, specify: \_\_\_\_\_

Other broadleaves, specify: \_\_\_\_\_

33. For the unassessed field, what is the timing of cover crop planting?

Spring – pre-plant

Spring – inter-seeded

Summer – inter-seeded

Summer – post-harvest

Fall – inter-seeded

Fall – post-harvest

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

34. For the unassessed field, what method of planting will be used? (i.e., Broadcast – not incorporated, Broadcast – incorporated, Drill or Planter)

Broadcast – not incorporated

Broadcast - incorporated

Drill

Planter

35. For the unassessed field, what crop are you planting your cover crop into or after? (Select one)

Corn

Soybeans

Wheat

Other, specify: \_\_\_\_\_

36. Has your farm operation previously tried cover crops?

Yes, but crop not left over-winter (e.g. fall terminated)

Yes, and crop left over-winter

No, explain why: \_\_\_\_\_

37. How will the cover crop be terminated? (Select one)

Mechanical termination in the fall

Mechanical termination in the spring

Terminated by frost

Chemical termination in the fall

Chemical termination in the spring

Other, specify: \_\_\_\_\_

38. Will your cover crop be harvested or grazed leaving less than 6 inches of growth over winter?

Yes

No

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_



## Step 7: Additional Funding for Systems Approach

This section is for applicants who would like to be considered for the Systems Approach Funding. To be considered, you must show how the project you are applying for will be complemented or enhanced by the on-going maintenance of previously implemented best management practices (BMPs). If this applies to you, please answer the questions for at least 2 of the BMPs below. If you may provide satisfactory answers for at least 2 BMPs, you may receive an additional 5 percent in cost-share funding.

<b>CROP NUTRIENT PLANNING</b>	
What year did you last complete a Crop Nutrient Plan for this farm?	
What type of advisor did you use for your planning?	
Does the plan contribute to your ongoing production practices?	Yes No
What township was the plan implemented in?	
<b>COVER CROPS</b>	
Do you use cover crops annually?	Yes No
If no, what was the most recent year you used cover crops?	
How many acres do you use cover crops on annually?	acres owned acres rented
Have you used a cover crops species that flowers?	Yes No
If so, did you allow the cover crops to flower before termination?	Yes No
Are your cover crops typically left in the field over winter?	Yes No
What township was this implemented in?	
<b>RIPARIAN BUFFER STRIPS</b>	
What is the length and width of your riparian buffer strip?	metres length metres width
What year did you plant your most recent buffer strip?	
What township was this implemented in?	

<b>WINDBREAKS AND WINDSTRIPS</b>	
How many acres of fields are protected by windbreaks/wind strips: (e.g., 50 acre field with windbreaks = 50 acres)	acres owned  acres rented
What year did you last plant a windbreak or wind strip?	
Do the plants in the windbreak or wind strip provide food sources (such as flowers), nesting sites or host plants for pollinators?	Yes No
Do you perform annual maintenance on your windbreak(s)/wind strip(s)?	Yes No
What township was this implemented in?	
<b>FRAGILE LAND RETIREMENT</b>	
Please indicate the number of acres of fragile land you have retired in the last 5 years	acres
Do the plants on your retired fragile land provide food sources (such as flowers), nesting sites or host plants for pollinators?	Yes No
What township was this implemented in?	
<b>STRUCTURAL EROSION CONTROL</b>	
When was the erosion control structure implemented?	
Was the erosion control structure designed by an engineer?	Yes No
What township was this implemented in?	

<b>TILLAGE AND NUTRIENT APPLICATION EQUIPMENT MODIFICATIONS</b>	
How many acres are under no-till practices?	acres owned acres rented
How many years have no-tillage practices been implemented?	
How many acres are under strip-till practices?	acres owned acres rented
How many years have strip-tillage practices been implemented?	
Do you have 3 or more crops in your rotation?	Yes No
What township was this implemented in?	
<b>EQUIPMENT MODIFICATIONS TO REDUCE SOIL COMPACTION</b>	
Do you have an on-the-go tire inflation system?	Yes No
If yes, when was the system installed?	
Do you use high flotation tires to reduce soil compaction?	Yes No
If yes, how many acres are impacted through use of this equipment?	acres owned acres rented
What township was this implemented in?	
<b>ADDING ORGANIC AMENDMENTS TO SOIL</b>	
How many acres do you apply organic amendments to?	acres owned acres rented
What type of material do you apply to your fields? (Check all that apply)	Manure Biosolids Compost Anaerobic digestate Other, specify:
Is adding organic amendments a regular annual practice for your farm?	Yes No
If no, what was the most recent year you used this practice?	
What township was this implemented in?	

**EQUIPMENT MODIFICATIONS TO IMPROVE MANURE APPLICATION**

<p>How did you modify equipment to better apply organic amendments? (Check all that apply)</p>	<p>Direct injection Below canopy Incorporation or pre-tillage Better rate and flow accuracy Safety controls and monitoring</p>
<p>What was the most recent year you modified equipment for the application of organic amendments?</p>	
<p>Since the equipment was modified, has it been used in each year of production?</p>	<p>Yes No</p>
<p>How many acres are impacted by the use of this equipment</p>	<p>acres</p>
<p>What township was this implemented in?</p>	