

2026 Marshall County SWCD Cost Share to Improve Soil Health

Marshall County Soil and Water Conservation District
2903 Gary Drive, Plymouth, IN 46563
574-936-2024 x 3

The Marshall County Soil and Water Conservation District is working to improve water quality and soil health by promoting and providing cost share for practices in the conservation cropping system. The goal of this program is to encourage producers to utilize aspects of the cropping system which will increase soil health and improve water quality. The SWCD will cost share practice acres as follows:

- No-till and Strip till- \$15.00/acre (max 100 acres per producer/1 year practice lifespan) – *reapply annually –2x*
- Cover Crops - \$20.00/acre (max acres 100 per producer/1 year lifespan) – *reapply annually- 2x*
- Pollinator Habitat – 75% up to \$750/acre – ½ acre minimum
- Filter strips - \$350.00/ acre (max 6 acres per producer/5 year practice lifespan)

Additional Incentives

- Tracts located immediately adjacent to waterbodies will receive an additional \$5/acre for no-till, strip till and cover crops.
- Cover Crops planted immediately following wheat, that include a pollinator species in the seed mix, will receive an additional \$5/acre.

Requirements and Limitations

- The Tract#/Farm# must be physically located within Marshall County, IN.
- Instructions in the form of a “Job Sheet” will be issued and the producer will be required to follow the Job Sheet, which will be based upon the Field Office Technical Guide (FOTG). The producer will also be required to sign a Practice Completion Certification Form, attesting to having followed the Job Sheet.
- **Bills for expenses must be turned in to Marshall County SWCD by December 1, 2026**
- Funding on wheat and permanent hay cover crops are not eligible.
- **There is no cost share for existing practices or land enrolled in other programs.**
- Application must be approved by the Marshall County SWCD Board of Supervisors.
- Practice must be inspected by Marshall County SWCD or Designated Representative.
- It is the applicant’s responsibility to be aware of adverse effects to cropping history requirements for future Farm Bill Program enrollment.

Implementation Checklist

- Read and complete this application, which includes providing the Tract#/Farm# for the location.
- Return the application ASAP to Marshall County SWCD, 2903 Gary Drive, Plymouth, IN 46563.
- The Marshall County SWCD Board of Supervisors will rank your application.
- Following approval by the Marshall County SWCD Board of Supervisors, you may implement the practice per the Job Sheet provided to you.
- Report completion to Marshall County SWCD and sign Practice Completion Certification form by **December 1, 2026**.
- Payment will be made after bills/expenses have been turned in to the Marshall County SWCD, and after the practice has been inspected in accordance with this agreement. Bills must be provided by **December 1, 2026**. Payment will be made by **December 31, 2026**.

**Marshall County Cost Share to Improve Soil Health
2026 Application**

NAME _____

ADDRESS _____

CITY _____ TOWNSHIP _____

ZIP _____ PHONE _____ TAX ID/SS# _____

OWNER _____ OPERATOR _____ PARTNERSHIP _____ (choose one)

Farm # _____

Tract# _____

of Acres _____

1. Is Applicant receiving other funding sources for any conservation practices on this same tract? Yes _____
No _____
2. If yes, which practice(s)? _____
3. What is the normal crop rotation for this tract? _____
4. What is the normal farming operation for this tract (ex: no-till, spring plow, etc.)?

5. Which District cost share practice(s) are you applying for? (if more than one, please list all)

6. Does the Applicant have control of land for the duration of the program? Yes _____ No _____
7. **Cover Crop applicants only:**if you have a preference of cover crops species or mix please list below

8. **Cover Crop applicants only:** Do you anticipate using bin run seed? _____

I have read and understand all components of the "Cost Share to Improve Soil Health" application. Signatures of both the applicant and Marshall County SWCD constitute a contract. I hereby waive all provisions of law forbidding disclosure of any information which is relevant to this application and hereby consent that such information be disclosed. I understand that failure to comply may subject me to repayment of grant funds received. Furthermore, I accept full responsibility for any adverse effects to crop insurance, crop bases, or contract duplication.

Applicant Signature
Date

*****For Office Use Only*****

Allocated \$ _____ per acre x _____ = \$ _____

Approved Yes _____ No _____

Marshall County SWCD Board Supervisor
Date