

MARYLAND DEPARTMENT OF AGRICULTURE

**MARYLAND CONSERVATION BUFFER
INITIATIVE APPLICATION**

For MDA Use:
Agreement #:

Section I - APPLICANT INFORMATION

SS/FID Number:		Conservation District:		Phone Number:		Email Address	
NAME and ADDRESS (of person or entity to receive check). Include farm/corporate name (if any):							
Name/Farm Name						I have a Soil & Water Conservation Plan:	
Name (c/o)						Y <input type="checkbox"/> N <input type="checkbox"/>	
Address						I have a current Nutrient Management Plan:	
City/State/ZIP						Y <input type="checkbox"/> N <input type="checkbox"/>	
County						I plan to start this project by:	
Property Account ID						Month: Year:	
						Month: Year:	
						It will be completed by:	
						Month: Year:	

Public Information Notice – The principle purpose of this application is to identify whom the agency intends to give State funds. If you fail to provide the requested information, MDA may not provide you with funds. You have the right to inspect, amend, or correct personal information collected by the agency. Much of the personal information collected by the agency is available for public inspection. This information is not routinely shared with state, federal, or local government

Certification - I request financial assistance under this program to support the state's water quality goals. I have read the program guidelines and understand the steps involved for approval. I understand I am not guaranteed funds until I have received a copy of my signed and dated agreement from the Maryland Department of Agriculture. I also understand in the event that demand of funds for this program exceeds allotted funding, a ranking process will be implemented to select funded acres and I may not be approved for all acreage I applied for. In order to receive payments for implementation of this practice, I agree to be in compliance with the state's nutrient management requirements (MD Agric. Code Ann. §§8-801-8-806 and COMAR 15.20.06-08).

Signature (Tenant, if applicable)		Date	Signature (Landowner)		Date
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SECTION II - TECHNICAL REPORT

Include w/ Application: **1) Map depicting buffer location and estimated acres, and**
2) Nutrient Management Certification Form

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
Practice Code	Establish, Improve, or Existing?	Buffer Farm & Tract No.	Estimated Buffer Acres	Payment Rate	Payment (Acres × Rate)

OPTIONAL: Annual maintenance payments for Forest Buffers (trees) for first 5 years of contract. Maximum of 5 payments spaced roughly a year apart, starting 1 year after establishment. Claims submitted after maintenance is performed.

0.00	\$330/yr (max.) × 5 yrs	
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NOTE: Maintenance is required on ALL conservation buffers, as stated in the Agreement. However, the election to track and submit annual maintenance activities and costs on forest buffers in return for a payment is optional.

Estimate of Funding EXCLUDING optional maintenance payments:

Practice Code	Practice Description	Payment (Establish or Improve)	Payment (Existing)
RI-4a	Grass: 10-34 ft Buffer Adjacent to Pasture, with Livestock Exclusion	\$1,500/ac	none
RI-5	Grass: 35+ ft Buffer Adjacent to Pasture, with Livestock Exclusion	\$2,500/ac	none
RI-6	Trees: 35+ ft Buffer Adjacent to Pasture, with Livestock Exclusion	\$4,500/ac	none
RI-7	Grass: 10-34 ft Buffer on Cropland/HEL or Hydric Soil	\$1,000/ac	\$500/ac
RI-8	Grass: 35+ ft Buffer on Cropland/HEL or Hydric Soil	\$2,000/ac	\$500/ac
RI-10	Trees: 35+ ft Buffer on Cropland/HEL or Hydric Soil	\$4,000/ac	none
RI-6 / RI-10	Annual maintenance activities & max. rates: (Total per acre payment may not exceed \$330)	Mowing Spot Spraying Tree shelter maintenance	\$160/ac \$150/ac \$20/ac

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SECTION III - DETERMINATION OF ELIGIBILITY		
This document may be executed in multiple counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Signatures provided by electronic means including, by way of example and not of limitation, facsimile, Adobe, PDF, and sent by electronic mail, or via an electronic signature program, shall be deemed to be original.		
SCD has reviewed this application and finds the project to be eligible and consistent with MDA Conservation Buffer Initiative requirements. The designated staff certifies the project can meet MDA RI Improvement standards and specifications, and addresses a water quality concern.	Signature (SCD Manager):	Date:
Where applicable, MD-DNR has reviewed this application and finds the project site acceptable.	Signature (MDDNR rep, if applicable):	Date:
The Maryland Department of Agriculture has determined that this application (is) (is not) eligible for funding for the estimated amount shown above.	Signature (MDA Representative):	Date:
SECTION IV - APPLICATION APPROVAL		
For MDA Use:		
The Maryland Department of Agriculture certifies this application for conservation buffer(s) is in order and is approved.	Fund Source:	Approval Amount: \$
Signature (MDA Representative):		Date:

Applications may be mailed to:

Maryland Department of Agriculture
 Attn: Conservation Buffer Initiative
 50 Harry S. Truman Pkwy, Room 207
 Annapolis, MD 21401

Applications must be received by 11:59 EST on March 31, 2025 to be considered.