

# District Cover Crop Payment Training

# MoSWIMS Notes

Enter a general note in MoSWIMS to explain anything unusual about the contract. This may help answer questions that come up during review. Examples:

- Complete cooperator name when the entire name will not fit in the MoSWIMS data entry field
- When the MoSWIMS cooperator address and SAM II vendor address do not match, but both addresses are valid
- When all the field numbers do not fit in the data entry field in MoSWIMS

# N340 Cover Crop Payment Acknowledgement Form

**N340 Cover Crop  
Payment Acknowledgement Form**

Payment for the N340 Cover Crop practice funded through the Missouri Department of Natural Resources, Soil and Water Conservation Program, can be issued after no-till planting of the production crops into the cover crops or after May 1 if the production crop has not yet been planted.

If the production crop following the cover crop has not yet been planted prior to payment of the cover crop practice, the production crop must still be planted using a no-till system on the contracted acres. Applicable no-till equipment is listed in standard 329 for Residue and Tillage Management No-Till.

By signing below the operator acknowledges that failure to comply with the no-till requirement of the production crop into the cover crops, will result in the operator being required to repay the full amount of cost-share funds received for this practice.

Contract Number(s) \_\_\_\_\_

\_\_\_\_\_  
Operator's Printed Name

\_\_\_\_\_  
Operator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SWCD Representative Signature

\_\_\_\_\_  
Date

- If a district is submitting the contract payment prior to no-till planting of the production crop, a completed N340 Cover Crop Payment Acknowledgement form must be attached as supporting documentation in MoSWIMS.
- By signing the form, the cooperator acknowledges that if they fail to comply with the no-till requirement it will result in repayment of the full amount of cost-share received for the contract.

# Contract Payment Review Details screen



### Contract Payment Review Details

<b>Fund Code:</b>	<b>Project:</b>	<b>District:</b>	<b>Contract #:</b>	<b>FY:</b>	
R	SGE - SHEET AND RILL / GULLY EROSION	31 - ST. LOUIS	0005	2025	
<b>Cooperator:</b>			<b>TIN :</b>		
MO TEST SUPPLIER 1 1 BAYPORT WAY STE. 120 NEWPORT NEWS, VA 23604			22222222		
<b>L/O:</b>					
MO TEST SUPPLIER 1 1 BAYPORT WAY STE. 120 NEWPORT NEWS, VA 23604					
<b>Practice:</b>		<b>Life Span: Orig. App(s):</b>			
N340		1			
<b>Maximums:</b>					
NO MAXIMUMS SELECTED					
<b>Prior Acres Served:</b>	<b>Allocation Group:</b>	<b>Field Number:</b>	<b>Acres Served:</b>		
	SHEET AND RILL / GULLY E 2025	1	10.00		
<b>Farm Tract:</b>					
Farm # 9999 // Tract # 99 // Sec : 9 Twn: 9 Rng: 9					
<b>HUC:</b>	<b>Extents Installed:</b>	<b>Units:</b>	<b>PWSS - P:</b>	<b>PWSS - S:</b>	<b>T:</b>
99999999-9999	10.0000	AC			3
<b>Pre SR:</b>	<b>Post SR:</b>	<b>Pre Gully:</b>	<b>Post Gully:</b>	<b>Class:</b>	<b>Sub Class:</b>
				3	E
<b>Max CS:</b>	<b>Other \$ Other Description:</b>			<b>Total Amount Due:</b>	
\$300.00				\$300.00	
<b>Cons. Plan Approval Date:</b>	<b>Termination Date:</b>	<b>NRCS Date:</b>	<b>Board Approval Date:</b>		
01/01/2023	06/01/2025	05/01/2024	01/08/2025		

#### SAM II Vendor



Vendor ID	Name	Address	TIN	EFT Status
2222222201	MO TEST SUPPLIER1	ONE BAYPORT WAY SUITE 120, NEWPORT NEWS, VA 23604	22222222	







# SAM II Vendor ID/ EFT Status Symbols

The Vendor ID and EFT status symbols must show a green circle with a check mark in it

SAMII Multi-Vendor Selection				
Vendor ID	Name	Address	TIN	EFT Status
 3333333300	[REDACTED]	[REDACTED]	33333333	

SAMII Multi-Vendor Selection				
Vendor ID	Name	Address	TIN	EFT Status
 3333333300	[REDACTED]	[REDACTED]	33333333	

SAMII Multi-Vendor Selection				
Vendor ID	Name	Address	TIN	EFT Status
 3333333300	[REDACTED]	[REDACTED]	33333333	

# SAM II EFT Status



Green Check Mark: ACH/EFT forms have been processed by OA and pre-note (10 business day process of testing bank transaction) has been completed.



Yellow Triangle: Pre-note process is taking place. The symbol should change to a green check mark within 10 business days.



Red Minus: OA has not processed the forms. Re-scan the forms, and if the symbol persists, contact OA, as there may be an issue with the paperwork.

# Actual Extents



Missouri Department of Natural Resources  
**Soil & Water Information Management System**

Tips

Return to Previous Page

Contract #: SGE 031-25-0005

Component	Avg. Unit Cost	Unit	App. Ext.	Comp. Ext.	CS %	Approved Amount	Payment Amount	Active
1 OR 2 SPECIES COVER CROP INCENTIVE	\$30.0000	AC	10.0000	2.3000	100	\$300.00	\$69.00	✓
<b>Total</b>						\$300.00	\$69.00	

Practice Information

\*Extent Installed: 2.3000 Units: AC

Practice Code	N340
Max \$ Per Ton	
Max \$ Per Acre	
Acres Served	2.30

Contract Max \$	
Practice Max \$	
Other \$	
Tons of Soil Saved	0

**Total Amount Due** \$69.00

# Cooperator Authorization Form



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOIL AND WATER CONSERVATION PROGRAM  
**COOPERATOR AUTHORIZATION FORM**

**\*CHECK ONE**

- OPERATOR (AS LISTED WITH FSA)  
 OPERATOR AND LEGAL LANDOWNER

**COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)**

\*COOPERATOR NAME AS LISTED IN MOSWIMS

*ADDRESS	*CITY	*STATE	*ZIP CODE
TELEPHONE NUMBER WITH AREA CODE		EMAIL	

**INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE**

*COOPERATOR SIGNATURE	*DATE
*PRINTED NAME	

**LEGAL LANDOWNER (MUST MATCH COOPERATOR FOR ALL PRACTICES EXCEPT N340, N590, AND N595)**

\*LEGAL LANDOWNER NAME AS LISTED ON THE PROPERTY DEED

*PRIMARY OWNERS	*DOES THE INDIVIDUAL HAVE SIGNATURE AUTHORITY FOR STATE COST SHARE	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**ONLY COMPLETE THE FOLLOWING FIELDS IF THE COOPERATOR IS NOT THE LEGAL LANDOWNER**

LEGAL LANDOWNER ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER WITH AREA CODE		EMAIL	

As the legal landowner (or their legal representative), I authorize the cooperator to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperator will receive the incentive payments and 1099 form from the State Of Missouri for these practices.

The terms of this agreement will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_.

LEGAL LANDOWNER SIGNATURE	DATE
---------------------------	------

PRINTED NAME
--------------


\*REQUIRED FIELD

1

2

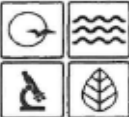
3

# Section 1- always complete this section

		MISSOURI DEPARTMENT OF NATURAL RESOURCES SOIL AND WATER CONSERVATION PROGRAM <b>COOPERATOR AUTHORIZATION FORM</b>		<b>*CHECK ONE</b> <input type="checkbox"/> OPERATOR (AS LISTED WITH FSA) <input type="checkbox"/> OPERATOR AND LEGAL LANDOWNER	
<b>COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)</b>					
*COOPERATOR NAME AS LISTED IN MOSWIMS					
*ADDRESS		*CITY	*STATE	*ZIP CODE	
TELEPHONE NUMBER WITH AREA CODE			EMAIL		
<b>INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE</b>					
*COOPERATOR SIGNATURE			*DATE		
*PRINTED NAME					

Cooperator- Can be an individual, group, or entity. The name shown should match the legal landowner name on this form and the MoSWIMS cooperator name for all practices **except N340, N590, and N595.**

# Appropriate checkbox in top right hand corner of the form must be marked

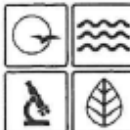
 MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOIL AND WATER CONSERVATION PROGRAM  
**COOPERATOR AUTHORIZATION FORM**

**\*CHECK ONE**  
 OPERATOR (AS LISTED WITH FSA)  
 OPERATOR AND LEGAL LANDOWNER

**COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)**

\*COOPERATOR NAME AS LISTED IN MOSWIMS  
**John Doe**

*ADDRESS 111 Hwy F	*CITY Farmville	*STATE MO	*ZIP CODE 11111
TELEPHONE NUMBER WITH AREA CODE (111) 111-1111	EMAIL		

 MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOIL AND WATER CONSERVATION PROGRAM  
**COOPERATOR AUTHORIZATION FORM**

**CHECK ONE**  
 OPERATOR (AS LISTED WITH FSA)  
 OPERATOR AND LEGAL LANDOWNER


**COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)**


\*COOPERATOR NAME AS LISTED IN MOSWIMS  
**MO Test Supplier1**

*ADDRESS 1 Bayport Way, Suite 120	*CITY Newport News	*STATE VA	*ZIP CODE 23604
TELEPHONE NUMBER WITH AREA CODE (999) 999-9999	EMAIL		



# Anyone who has signature authority for the cooperator must be listed in this section

 MISSOURI DEPARTMENT OF NATURAL RESOURCES SOIL AND WATER CONSERVATION PROGRAM <b>COOPERATOR AUTHORIZATION FORM</b>				<b>*CHECK ONE</b> <input checked="" type="checkbox"/> OPERATOR (AS LISTED WITH FSA) <input type="checkbox"/> OPERATOR AND LEGAL LANDOWNER	
<b>COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)</b>					
*COOPERATOR NAME AS LISTED IN MOSWIMS <b>John Doe</b>					
*ADDRESS 111 Hwy F		*CITY Farmville	*STATE MO	*ZIP CODE 11111	
TELEPHONE NUMBER WITH AREA CODE (111) 111-1111			EMAIL		
<b>INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE</b>					
Jane Doe					
Jill Doe					
Jacob Doe					
*COOPERATOR SIGNATURE <i>John Doe</i>			*DATE 1/7/24		
*PRINTED NAME John Doe					

 MISSOURI DEPARTMENT OF NATURAL RESOURCES SOIL AND WATER CONSERVATION PROGRAM <b>COOPERATOR AUTHORIZATION FORM</b>				<b>*CHECK ONE</b> <input type="checkbox"/> OPERATOR (AS LISTED WITH FSA) <input checked="" type="checkbox"/> OPERATOR AND LEGAL LANDOWNER	
<b>COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)</b>					
*COOPERATOR NAME AS LISTED IN MOSWIMS <b>MO Test Supplier1</b>					
*ADDRESS 1 Bayport Way, Suite 120		*CITY Newport News	*STATE VA	*ZIP CODE 23604	
TELEPHONE NUMBER WITH AREA CODE (999) 999-9999			EMAIL		
<b>INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE</b>					
Fred Farmer					
Frannie Farmer					
Freda Farmer					
*COOPERATOR SIGNATURE <i>Frannie Farmer</i>			*DATE 1/7/24		
*PRINTED NAME Frannie Farmer					

# Section 2- always complete this section

<b>LEGAL LANDOWNER (MUST MATCH COOPERATOR FOR ALL PRACTICES EXCEPT N340,N590, AND N595)</b>		
*LEGAL LANDOWNER NAME AS LISTED ON THE PROPERTY DEED		
<b>*PRIMARY OWNERS</b>	<b>*DOES THE INDIVIDUAL HAVE SIGNATURE AUTHORITY FOR STATE COST SHARE</b>	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

The legal landowner name needs to match the legal landowner name listed in MoSWIMS. Primary owners listed must be names of individuals.


# Section 3

ONLY COMPLETE THE FOLLOWING FIELDS IF THE COOPERATOR IS NOT THE LEGAL LANDOWNER			
LEGAL LANDOWNER ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER WITH AREA CODE		EMAIL	
As the legal landowner (or their legal representative), I authorize the cooperater to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperater will receive the incentive payments and 1099 form from the State Of Missouri for these practices. The terms of this agreement will expire on ____ / ____ / ____.			
LEGAL LANDOWNER SIGNATURE		DATE	
PRINTED NAME			

**\*REQUIRED FIELD**

This section is only required to be completed if the practice is an **N340**, **N590**, or **N595** and the MoSWIMS cooperater is **NOT** the legal landowner (section 1 and 2 do not match).

# The “terms of agreement will expire” date must be completed in this section

ONLY COMPLETE THE FOLLOWING FIELDS IF THE COOPERATOR IS NOT THE LEGAL LANDOWNER			
LEGAL LANDOWNER ADDRESS 1 Bayport Way, Suite 120	CITY Newport News	STATE VA	ZIP CODE 23604
TELEPHONE NUMBER WITH AREA CODE (999) 999-9999	EMAIL		
As the legal landowner (or their legal representative), I authorize the cooperator to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperator will receive the incentive payments and 1099 form from the State Of Missouri for these practices. The terms of this agreement will expire on <u>01 /01/2028</u> .			
LEGAL LANDOWNER SIGNATURE 	DATE 11/7/24		
PRINTED NAME Fred Farmer			

\*REQUIRED FIELD

# Cost-Share Forms

- Make sure the contract number on the forms match the contract number shown in MoSWIMS
- Signature dates must be on or after the date the form was printed
- Make sure the person who completes the cooperator signature has signature authority and signs correctly
- Signatures that appear to be computer generated font are not acceptable, as there is no way to determine the source of the signature
- Per cost-share policy, board member signature must be last (cooperator and technician signature are interchangeable)
- All pages of completed forms must be scanned and attached as the appropriate document type in MoSWIMS

# CORRECT- Signatures are on or after the print date of the form and board member signature is last

COOPERATOR'S SIGNATURE - If someone is authorized to sign for the cooperator(s), the signature entered MUST include the name of the person signing the form and state that he/she is signing FOR the cooperator (i.e. Frank Operator for Farms, Inc.)	
<u>Mr. Tom Snyder 1 by Francis Tom</u>	<u>1/22/25</u>
MO TEST SUPPLIER 1	DATE
PRACTICE COMPLIES WITH ALL QUALIFYING CRITERIA AND MEETS ALL COMMISSION POLICIES CONTAINED IN THE COST-SHARE HANDBOOK.	
<u>Tomy Tedor</u>	<u>1/23/25</u>
TECHNICIAN'S SIGNATURE	DATE
<u>Boalmt</u>	<u>1/23/25</u>
CONTRACT APPROVED BY (Board Member)	DATE

MO TEST SUPPLIER 1

9:51:36AM - Wednesday, January 22, 2025

SGE 031-25-0005

Page 2 of 2

# WRONG- Technician and board member signatures are before the print date of the form and board member signature is not last

COOPERATOR'S SIGNATURE - If someone is authorized to sign for the cooperator(s), the signature entered MUST include the name of the person signing the form and state that he/she is signing FOR the cooperator (i.e. Frank Operator for Farms, Inc.)	
<u>MO Test Supplier 1 by Frannie Tara</u>	<u>1/22/25</u>
MO TEST SUPPLIER 1	DATE
PRACTICE COMPLIES WITH ALL QUALIFYING CRITERIA AND MEETS ALL COMMISSION POLICIES CONTAINED IN THE COST-SHARE HANDBOOK.	
<u>TOMMY Techn</u>	<u>1/21/25</u>
TECHNICIAN'S SIGNATURE	DATE
<u>Er Frank</u>	<u>1/21/25</u>
CONTRACT APPROVED BY (Board Member)	DATE

MO TEST SUPPLIER 1

9:51:36AM - Wednesday, January 22, 2025

SGE 031-25-0005

Page 2 of 2





# Contracts

- Page 1 of 2 and 2 of 2 of the signed contract must be attached

# Change Orders

- A reason note is required
- Change orders that change the name of the cooperator being paid or the amount of cost-share payment, as well as change orders for design changes and contract cancellations must be signed by the cooperator, technician, and a board member
- Change orders for termination date extensions must be signed by the cooperator and a board member



- Administrative change orders do not require signatures
- These change orders can be done to correct:
  - Misspellings of names
  - Addresses, farm number, tract number, section, township, range, field numbers, and HUC code
  - Acres served (as long as it does not change obligation amount)

An administrative change order can be done for Cover Crop contracts when they plant less acres than they were approved for, as long as the acres served is the only field that is changed. Districts should **NOT** change the approved component extents or that will change the obligation amount and the change order will be required to be signed by all parties. When creating the contract payment, districts must enter the lesser extents as the completed extents.

# Administrative change order for planting less acres of cover crop than approved for

Contract

Planned Components								
	Component:	Avg. Unit Cost	Unit	Approved Extents	Planned Comp. Cost	CS %	Approved Amount	Active
	1 OR 2 SPECIES COVER CROP INCENTIVE	\$30.0000	AC	10.0000	\$300.00	100	\$300.00	✓
Total Estimated Cost / CS					\$300.00		\$300.00	
Practice Information								
	Practice Code	N340			Contract Max \$			
	Max \$ Per Ton				Practice Max \$			
	Max \$ Per Acre				Other \$			
	Acres Served	10.00			Tons of Soil Saved	0		
	Max CS					\$300.00		

Change Order

Planned Components								
	Component:	Avg. Unit Cost	Unit	Approved Extents	Planned Comp. Cost	CS %	Approved Amount	Active
	1 OR 2 SPECIES COVER CROP INCENTIVE	\$30.0000	AC	10.0000	\$300.00	100	\$300.00	✓
Total Estimated Cost / CS					\$300.00		\$300.00	
Practice Information								
	Practice Code	N340			Contract Max \$			
	Max \$ Per Ton				Practice Max \$			
	Max \$ Per Acre				Other \$			
	Acres Served	2.30			Tons of Soil Saved	0		
	Max CS					\$300.00		

Contract Payment

Component	Avg. Unit Cost	Unit	App. Ext.	Comp. Ext.	CS %	Approved Amount	Payment Amount	Active
1 OR 2 SPECIES COVER CROP INCENTIVE	\$30.0000	AC	10.0000	2.3000	100	\$300.00	\$69.00	✓
Total						\$300.00	\$69.00	
Practice Information								
	*Extent Installed: 2.3000			Units: AC				
	Practice Code	N340			Contract Max \$			
	Max \$ Per Ton				Practice Max \$			
	Max \$ Per Acre				Other \$			
	Acres Served	2.30			Tons of Soil Saved	0		
	Total Amount Due					\$69.00		

# Contract Payment



- Both pages of the signed contract payment must be attached as document type “contract payment” (this must be the last document uploaded and must be attached after clicking the “Submit Contract Payment” button)
- The payment amount on the signed contract payment must match the payment amount shown in MoSWIMS



# Total amount due on signed contract payment must match the total amount due shown in MoSWIMS

<b>OTHER FUNDS:</b>		<b>MAX COST-SHARE \$</b>	\$69.00
<b>MAINTENANCE AGREEMENT RECORDED:</b>	NO	<b>TOTAL AMOUNT DUE</b>	\$69.00
<b>COOPERATOR CERTIFICATION</b>			

Contract #: SGJE 021-22-0025

Component	Avg. Unit Cost	Unit	App. Ext.	Comp. Ext.	CS %	Approved Amount	Payment Amount	Active
1 OR 2 SPECIES COVER CROP INCENTIVE	\$30.0000	AC	2.3000	2.3000	100	\$69.00	\$69.00	✓
<b>Total</b>						\$69.00	\$69.00	

### Practice Information

<b>*Extent Installed:</b>		2.3000	Units:	AC
<b>Practice Code</b>	N340	<b>Contract Max \$</b>		
<b>Max \$ Per Ton</b>		<b>Practice Max \$</b>	\$20,000.00	
<b>Max \$ Per Acre</b>		<b>Other \$</b>		
<b>Acres Served</b>	2.30	<b>Tons of Soil Saved</b>		0
<b>Total Amount Due</b>				\$69.00

# MO NRCS Cover Crop Implementation Requirement (Code 340)

MO NRCS Cover Crop Implementation Requirement (Code 340) April 2021

Note: Yellow areas allow user input. Blue cells autofill.

Produce:  Program:

Farm #:  Tract:  Contract #:

Field #:  Acres:  Planting Zone:

County:

This practice is applied to support one or more of the following purposes:

- Reduce erosion from wind and water
- Maintain or increase soil health and organic matter content
- Reduce water quality degradation by utilizing excessive soil nutrients
- Suppress excessive weed pressures and break pest cycles
- Improve soil moisture use efficiency
- Minimize soil compaction

Predominate soil map unit (optional):

Seeding Method:

Planned Termination Method:  Termination Timing or Stage:

Planned Cover Crop Mixture						
Cover Crop Species	Full Seeding Rate	Percent of Mix	Rate (lbs/ac)	Total lbs needed	Crop Type	Planting Depth (inches)
		0%	0.0 Total Pounds			

NOTE: Inoculate legume seed with the proper, viable Rhizobium bacteria species prior to planting. Plant pre-inoculated seed prior to the expiration date on the inoculum tag or re-inoculate with the appropriate inoculum within 24 hours prior to seeding.

Plant by Date:   
 Planned Seeding Rate (lbs/ac):  Planned Seeding Depth:

Additional Requirements:

Additional Criteria (based on selected purpose(s)):

Soil Erosion (tons/acre): Before:  After:

Soil Health (SCI): Before:  After:

Management Considerations (when applicable):

Grazing Management	Ensure the crop selection(s) complies with pesticide label rotational crop restrictions for grazing and that the planned management will not compromise the selected purpose(s). Cover crops should be a minimum of 6 to 8 inches in height before grazing begins. Livestock should graze no more than 40 percent of the available cover crop forage.			
	Fertility Management	Nitrogen Fertilizer Needed (lbs/acre)	Phosphorus Fertilizer Needed (lbs/acre)	Potassium Fertilizer Needed (lbs/acre)
Application Rate:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Application Timing:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Management Notes:

Operation and Maintenance:

Evaluate the cover crop to determine if the cover crop is meeting the planned purpose(s). If the cover crop is not meeting the purpose(s), adjust the management, change the species or cover crop, or choose a different technology.

Ensure the cover crops do not become invasive and that cover crops are compatible with the planned

Planned By:  SJAA Level:  Date:  1/15/2025

- Must be attached as supporting documentation
- Name, farm number, tract number, and field numbers on the form must match what is entered in MoSWIMS (contract number does not have to be completed)
- Acres on the form must be equal to or greater than acres reported in MoSWIMS
- The number of cover crop species listed on the form must match up with the cover crop species component shown in MoSWIMS
- Total pounds of seed needed must be completed
- Plant by date must be completed (must be after contract board approval date)
- Form must be signed and dated (computer generated font OK)



# Need to be able to link the producer name listed on the form to the MoSWIMS cooperator name

## MO NRCS Cover Crop Implementation Requirement (Code 340) April 2021

Note: Yellow areas allow user input. Blue cells autofill.

<b>Producer:</b>	MO Test Supplier 1	<b>Program:</b>	SWCD		
<b>Farm #:</b>	4520	<b>Tract#:</b>	1346	<b>Contract #:</b>	SGE 031-25-0005
<b>Field #:</b>	3	<b>Acres:</b>	2.3	<b>Planting Zone:</b>	2
<b>County:</b>	St Louis				

### Cooperator Information

Supplier Input / ACH - EFT Application form completed and sent:

Cooperator:

**\*\* Last Name:**    **\*\* First Name:**  
**\*\* Organization:** MO TEST SUPPLIER 1  
**\* Address Line 1:** 1 BAYPORT WAY STE. 120 **\* TIN:** 222222222  
**Address Line 2:** Vendor ID: 2222222201   
**\* City:** NEWPORT NEWS **\* State:** VA **\* ZIP:** 23604 -  
**Home Phone:**    **Work Phone:**    **Cell Phone:**



Farm number, tract number, and field numbers on the form must match what is entered in MoSWIMS. Acres reported on the form must be equal to or greater than acres reported in MoSWIMS.

### MO NRCS Cover Crop Implementation Requirement (Code 340) April 2021

Note: Yellow areas allow user input. Blue cells autofill.

Producer:	MO Test Supplier 1	Program:	SWCD		
Farm #:	4520	Tract#:	1346	Contract #:	SGE 031-25-0005
Field #:	3	Acres:	2.3	Planting Zone:	2
County:	St Louis				

#### Farms / Tracts

	Farm	Tract	Section	Township	Range	Cons. Plan Approved	PWSS-P	PWSS-S	
<a href="#">Edit</a>	4520	1346	5	48	28	09/13/2017			<a href="#">Remove</a>

#### Erosion Information

*Field #:	3	*Acres Served:	2.30
-----------	---	----------------	------

The number of cover crop species listed on the form must match the cover crop species component used in MoSWIMS

Planned Cover Crop Mixture						
Cover Crop Species	Full Seeding Rate (lbs/ac)	Percent of Mix	Rate (lbs/ac)	Total lbs needed	Crop Type	Planting Depth (inches)
Wheat (Winter)	40	100%	40	92	CSG	0.5-1.5

Component	Avg. Unit Cost	Unit	App. Ext.	Comp. Ext.	CS %	Approved Amount	Payment Amount	Active
1 OR 2 SPECIES COVER CROP INCENTIVE	\$30.0000	AC	10.0000	2.3000	100	\$300.00	\$69.00	<input checked="" type="checkbox"/>
<b>Total</b>						\$300.00	\$69.00	





“Plant by Date” must be completed on the form

<b>Plant by Date:</b>	<b>1-Nov</b>
<b>Planned Seeding Rate (lbs/acre):</b>	<b>40</b>

---



**MISSOURI**  
DEPARTMENT OF  
NATURAL RESOURCES

---

# Form must be signed and dated

**Planned By:** Tommy Technician

**ESJAA Level:**

V

**Date:**

1/14/2025

# Missouri NRCS Cover Crop Certification (Code 340)

Note: Yellow areas indicate required data. Blue areas indicate optional data.

Name:  Program:   
 Farm#:  Tract#:  Contract #:   
 Field#:  Acres:  Planting Zone:   
 County:

This practice is applied to support one or more of the following purposes:

- Reduce erosion from wind and water
- Maintain or increase soil health and organic matter content
- Reduce water quality degradation by utilizing excessive soil nutrients
- Suppress excessive weed pressures and break pest cycles
- Improve soil moisture use efficiency
- Minimize soil compaction

Predominate soil map unit (optional):

Planned Seeding Method:  Applied Seeding Method:

Cover Crop Mixture			Acres Planted: <input type="text"/>
Species	Planned Rate (total lbs)	Applied Rate (total lbs)	Practice Check Out Conditions
<input type="text"/>	<input type="text"/>	<input type="text"/>	Site Preparation:
<input type="text"/>	<input type="text"/>	<input type="text"/>	Fertility Used (if needed):
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date Planted: <input type="text"/> <input type="text"/> inches Month: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Weed Control (if needed):
<input type="text"/>	<input type="text"/>	<input type="text"/>	Termination Method Applied:
<b>Total Lbs:</b>	<b>0</b>	0.0	

Notes and Comments:

I certify that the above information meets NRCS specifications for design and installation.

Certified By:

ESJAA Level

1/15/2025  
Date





- Must be attached as supporting documentation
- Name, farm number, tract number, field numbers and contract number on the form must match what is entered in MoSWIMS
- Acres on the form must be equal to or greater than acres reported in MoSWIMS
- The number of cover crop species listed on the form must match up with the cover crop species component shown in MoSWIMS



# Contract number must be completed

## Missouri NRCS Cover Crop Certification (Code 340)

April 2021

Note: Yellow areas indicate required data. Blue areas indicate optional data.

Name:	MO Test Supplier 1	Program:	SWCD		
Farm#:	4520	Tract#:	1346	Contract #:	SGE 031-25-0005
Field#:	3	Acres:	2.3	Planting Zone:	2
County:	St Louis				



# Acres planted must be equal to or greater than acres reported in MoSWIMS

## Missouri NRCS Cover Crop Certification (Code 340)

April 2021

Note: Yellow areas indicate required data. Blue areas indicate optional data.

Name:	MO Test Supplier 1		Program:	SWCD	
Farm#:	4520	Tract#:	1346	Contract #:	SGE 031-25-0005
Field#:	3	Acres:	2.3	Planting Zone:	2
County:	St Louis				

Planned Seeding Method: Drill/Planter      Applied Seeding Method: Drill/Planter

Cover Crop Mixture			Acres Planted: 2.3
Species	Planned Rate (total lbs)	Applied Rate (total lbs)	Practice Check Out Conditions
Wheat (Winter)	92	100.0	Site Preparation:

*Field #: 3	*Acres Served: 2.30
*Land Cap. Class: 3	*HUC Code: 99999999-9999
*Land Cap. Sub Class: E	
*Tolerable: 3	

Total applied rate on Cover Crop Certification form must be equal to or greater than the total pounds needed

Species	Planned Rate (total lbs)	Applied Rate (total lbs)
Wheat (Winter)	92	100.0
<b>Total Lbs:</b>	<b>92</b>	<b>100.0</b>

Species	Planned Rate (total lbs)	Applied Rate (total lbs)
Wheat (Winter)	1314	1314.0
Oilseed Radish	98.55	98.6
Turnip	39.42	39.4
<b>Total Lbs:</b>	<b>1451.97</b>	<b>1452.0</b>



# Date planted must be after contract board approval date and before the plant by date

Contract

<p>COOPERATOR'S SIGNATURE - If someone is authorized to sign for the cooperator(s), the signature entered MUST include the name of the person signing the form and state that he/she is signing FOR the cooperator (i.e. Frank Operator for Farms, Inc.)</p> <p><i>Mr. Tom Apple 1 by Fran's Farmer</i></p>		<p>DATE</p> <p><i>10/2/24</i></p>
<p>MO TEST SUPPLIER 1</p>		
<p>PRACTICE COMPLIES WITH ALL QUALIFYING CRITERIA AND MEETS ALL COMMISSION POLICIES CONTAINED IN THE COST-SHARE HANDBOOK.</p> <p><i>Tom Apple</i></p>		<p>DATE</p> <p><i>10/2/24</i></p>
<p>TECHNICIAN'S SIGNATURE</p> <p><i>[Signature]</i></p>		<p>DATE</p> <p><i>10/2/24</i></p>
<p>CONTRACT APPROVED BY (Board Member)</p> <p><i>[Signature]</i></p>		<p>DATE</p> <p><i>10/2/24</i></p>

Cover Crop Certification

Date Planted:	10/15/2024
Planting Depth:	0.5 inches
Weed Control (if needed):	None

MO NRCS Cover Crop  
Implementation  
Requirement (Code 340)

Plant by Date:	1-Nov
Planned Seeding Rate (lbs/acre):	40



Termination method must be completed unless there is a note entered stating the contract payment is being submitted prior to termination of the cover crop and no-till planting of the production crop


<b>Date Planted:</b>	10/15/2024
<b>Planting Depth:</b>	0.5 inches
<b>Weed Control (if needed):</b>	None
<b>Termination Method Applied:</b>	Herbicide



## Form must be signed and dated

I certify that the above information meets NRCS specifications for design and installation.

Certified By:



  
ESJAA Level

1/14/2025

Date



# Example 1: correct

## MO NRCS Cover Crop Implementation Requirement (Code 340) April 2021

Note: Yellow areas allow user input. Blue cells autofill.

Producer:	Fred Farmer		Program:	SWCD	
Farm #:	1111	2222	Contract #:		
Field #:	1,2,3	Acres:	99.9	Planting Zone:	2
County:	St Louis				

## Missouri NRCS Cover Crop Certification (Code 340) April 2021

Note: Yellow areas indicate required data. Blue areas indicate optional data.

Name:	Fred Farmer		Program:	SWCD	
Farm#:	1111	Tract#:	2222	Contract #:	SGE 031-99-9999
Field#:	1,2,3	Acres:	99.9	Planting Zone:	2
County:	St Louis				



# Example 1: wrong

## MO NRCS Cover Crop Implementation Requirement (Code 340) April 2021

Note: Yellow areas allow user input. Blue cells autofill.

Producer:	Fred Farmer		Program:	SWCD	
Farm #:	1111		2222	Contract #:	
Field #:	1,2,3	Acres:	99.9	Planting Zone:	2
County:	St Louis				

## Missouri NRCS Cover Crop Certification (Code 340) April 2021

Note: Yellow areas indicate required data. Blue areas indicate optional data.

Name:	Fred Farmer		Program:	SWCD	
Farm#:	1111/5555/88888	Tract#:	2222/33/555	Contract #:	SGE 031-99-9999
Field#:	1,2,3,4 &5, 11-14	Acres:	353.4	Planting Zone:	2
County:	St Louis				

# Map

- A map and map report from the DNR mapping tool showing the completed practice must be attached as document type “map” in MoSWIMS
- Name and locational data (section, township and range) are required to be on the map page (farm number and tract number do **not** have to be on it)
- All field numbers listed in MoSWIMS must be labeled on the map



- Farm name, farm number, and tract number must be completed on map report under heading Farm Name
- Field numbers listed in MoSWIMS must be shown on map report under heading Field Number
- FY practice completed, status of installed, N340 practice name, contract number, and acres must be completed on the map report under heading Covercrop and Seeding
- Acres under heading Covercrop and Seeding on map report must be equal to or greater than acres reported in MoSWIMS (exception-sometimes the practice was not planned in the DNR mapping tool so the district will either enter a note for the contract stating that the acres in MoSWIMS came from a federal planning map or they will enter the planning map acres in the comment field on the map report under the heading Covercrop and Seeding)
- The quality of the attached map is better if the user prints to PDF and attaches it instead of printing the map and then scanning it in to attach





Cooperator name and locational data must be on map page.  
Usually this information is shown in the header or right below the header. The section, township, and range can also be shown on the map itself.



MO Test Supplier 1

SGE 031-25-0005

---

T: 48N R: 28W Sec: 5







Farm perimeter and field numbers must be drawn and labeled on map, and shown on map report

### Farm Name

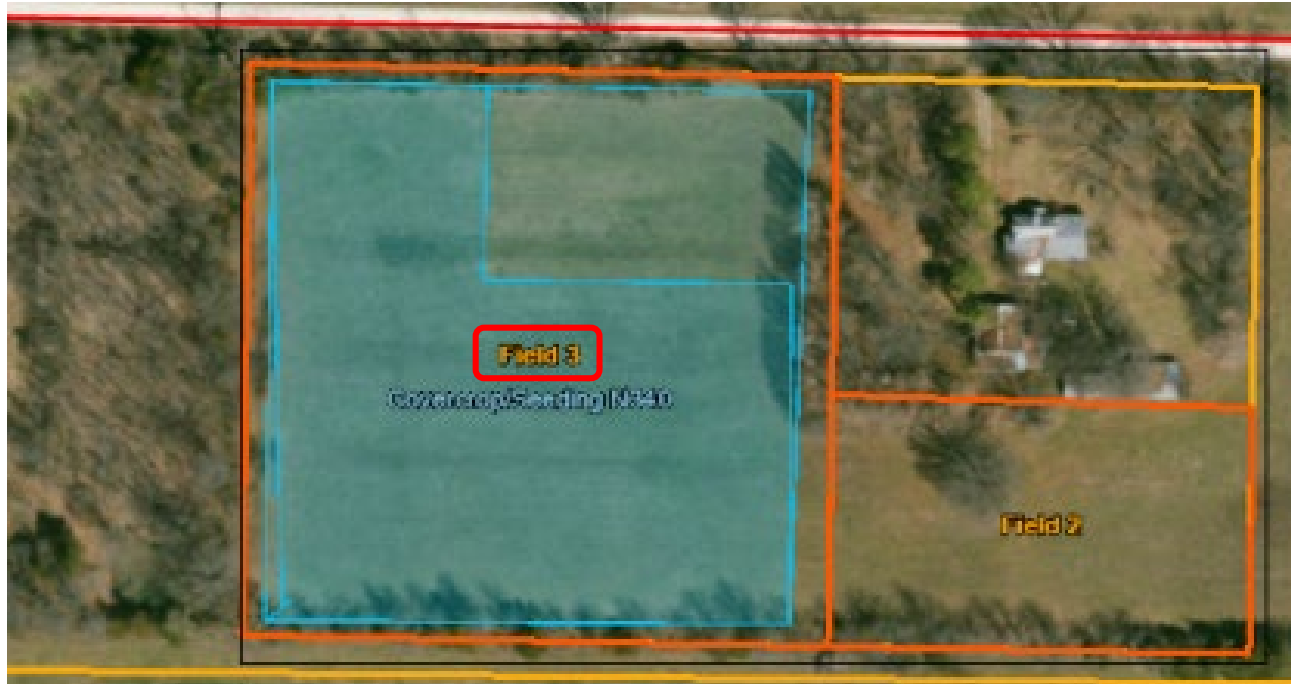
#	Farm Name	Farm Number	Tract Number	Comments	Creator	Area(acres)
1	MO Test Supplier 1	4520	1346	No Data	nrblanm@ads.state.mo.us_modnr	6.13

### Field Number

#	Field Number	Comments	Creator	Area(acres)
1	2	No Data	nrblanm@ads.state.mo.us_modnr	1.12
2	3	No Data	nrblanm@ads.state.mo.us_modnr	3.58



# Field numbers on map should match field numbers entered in MoSWIMS



### Erosion Information

- \*Field #: 3
- \*Land Cap. Class: 3
- \*Land Cap. Sub Class: E
- \*Tolerable: 3
- \*Acres Served: 2.30
- \*HUC Code: 99999999-9999



FY practice completed, status of installed, practice name, contract number, and acres must be completed on map report under the heading Covercrop and Seeding

### Covercrop and Seeding

#	Fiscal Year	Status	Program	Contract #	Comments	Creator	Area(acres)
1	FY25	Planned	N340	SGE 031-25-0005	No Data	nrblanm@ads.state.mo.us_modnr	2.36
2	FY25	Installed	N340	SGE 031-25-0005	No Data	nrblanm@ads.state.mo.us_modnr	3.00



# Acres under heading Covercrop and Seeding on map report must be equal to or greater than acres reported in MoSWIMS

**Erosion Information**

\*Field #: 3  
\*Land Cap. Class: 3  
\*Land Cap. Sub Class: E  
\*Tolerable: 3

**\*Acres Served: 2.30**  
\*HUC Code: 99999999-9999

CORRECT

## Covercrop and Seeding

#	Fiscal Year	Status	Program	Contract #	Comments	Creator	Area(acres)
2	FY25	Installed	N340	SGE 031-25-0005	No Data	nrblanm@ads.state.mo.us_modnr	3.00

WRONG

## Covercrop and Seeding

#	Fiscal Year	Status	Program	Contract #	Comments	Creator	Area(acres)
1	FY25	Installed	N340	SGE 031-25-0005	No Data	nrblanm@ads.state.mo.us_modnr	1.51



An exception to this is if the practice was not planned in the DNR mapping tool. If that is the case, districts are allowed to enter a note stating that the acres in MoSWIMS came from a federal planning map, or they can enter the planning map acres on the map report in the comment field under the heading Covercrop and Seeding.

**Erosion Information**

\*Field #: 3  
\*Land Cap. Class: 3  
\*Land Cap. Sub Class: E  
\*Tolerable: 3

\*Acres Served: 2.30

\*HUC Code: 99999999-9999

**Time:** 01/22/2025 4:21:28 PM

**Author:** APRIL BRANDT

**Note Type:** GENERAL NOTES

The acres in MoSWIMS are taken from the CD map.

**Covercrop and Seeding**

#	Fiscal Year	Status	Program	Contract #	Comments	Creator	Area(acres)
1	FY25	Installed	N340	SGE 031-25-0005	2.3 acres	nrblanm@ads.state.mo.us_modnr	1.51

# District Office N340 Cover Crop Payment Review Checklist





**MISSOURI**  
DEPARTMENT OF  
NATURAL RESOURCES

DISTRICT OFFICE N340 COVER CROP CONTRACT PAYMENT REVIEW CHECKLIST	
<b>Notes</b>	<ul style="list-style-type: none"> <li>• Enter a general note in MoSWIMS to explain anything unusual about the contract that may help answer questions that come up during review</li> </ul>
<b>N340 Cover Crop Payment Acknowledgement</b>	<ul style="list-style-type: none"> <li>• If a district is submitting a contract payment prior to no-till planting of the production crop, a completed N340 Cover Crop Payment Acknowledgement form must be attached as supporting documentation in MoSWIMS</li> </ul>
<b>Actual Extents</b>	<ul style="list-style-type: none"> <li>• Completed cover crop component extent, extent installed, and acres served must match</li> </ul>
<b>Cooperator Authorization Form</b>	<ul style="list-style-type: none"> <li>• Appropriate checkbox at the top right hand corner of the form must be marked</li> <li>• Top two sections of the form must be completed</li> <li>• Bottom section of the form only has to be completed if the MoSWIMS cooperator is not the legal landowner</li> </ul>
<b>Cost-Share Forms</b>	<ul style="list-style-type: none"> <li>• Signature dates must be on or after the date the form was printed</li> <li>• Make sure the person who completed the cooperator's signature has signature authority and signed correctly</li> <li>• Per cost-share policy, board member signature must be last</li> <li>• Signatures that appear to be computer generated font are not acceptable, as there is no way to determine the source of the signature</li> <li>• For contract payments, make sure the payment amount on the signed document matches the payment amount shown in MoSWIMS</li> <li>• Prior to submitting the contract payment, make sure the SAM II vendor ID and EFT status symbols in the SAM II Multi-Vendor Selection grid in MoSWIMS are both green circles with a check mark in it</li> <li>• The completed forms must be scanned and attached as the appropriate document type in MoSWIMS (the contract payment must be the last document uploaded and must be attached after clicking the "Submit Contract Payment" button)</li> </ul>
<b>MO NRCS Cover Crop Implementation Requirement (Code 340)</b>	<ul style="list-style-type: none"> <li>• Must be attached as supporting documentation</li> <li>• Name, farm number, tract number, and field numbers on the form must match what is entered in MoSWIMS</li> <li>• Need to be able to link the producer name on the form to the MoSWIMS cooperator name</li> <li>• Acres on the form must be equal to or greater than the acres reported in MoSWIMS</li> <li>• Number of cover crop species listed on the form must match up with the cover crop species component shown in MoSWIMS</li> <li>• Total pounds of seed needed must be completed</li> <li>• Plant by date must be completed (it must be after the contract board approval date)</li> <li>• Must be signed and dated (computer generated font is OK)</li> </ul>

DISTRICT OFFICE N340 COVER CROP CONTRACT PAYMENT REVIEW CHECKLIST

<p><b>Missouri NRCS Cover Crop Certification (Code 340)</b></p>	<ul style="list-style-type: none"> <li>• Must be attached as supporting documentation</li> <li>• Name, farm number, tract number, field numbers and contract number on the form must match what is entered in MoSWIMS</li> <li>• Acres on the form must be equal to or greater than the acres reported in MoSWIMS</li> <li>• Number of cover crop species listed on the form must match up with the cover crop species component shown in MoSWIMS</li> <li>• Total applied rate must be equal to or greater than the total pounds needed on the MO NRCS Cover Crop Implementation Requirement (Code 340)</li> <li>• Date planted must be after the board approval date of the contract and before the plant by date shown on the MO NRCS Cover Crop Implementation Requirement (Code 340)</li> <li>• Termination method must be completed unless there is a note entered stating the contract payment is being submitted prior to termination of the cover crop and no-till planting of the production crop</li> <li>• The form should be signed and dated (computer generated font is OK)</li> </ul>
<p><b>Map</b></p>	<ul style="list-style-type: none"> <li>• A map and map report from the DNR mapping tool showing the completed practice must be attached as document type "map" in MoSWIMS</li> <li>• Name and locational data (section, township, range) are required to be on the map page</li> <li>• All field numbers listed in MoSWIMS must be labeled on the map page and shown on map report under heading Field Number</li> <li>• Farm name, farm number, and tract number must be completed on the map report under the heading Farm Name</li> <li>• FY practice was completed, status of installed, N340 practice name, contract number, and acres must be completed on the map report under the heading Covercrop and Seeding</li> <li>• Acres under the heading Covercrop and Seeding on the map report must be equal to or greater than the acres reported in MoSWIMS (exception-sometimes the practice was not planned in the DNR mapping tool so the district may enter a note for the contract stating that the acres in MoSWIMS came from a federal planning map, or they will enter the planning map acres in the comment field on the map report under the heading Covercrop and Seeding- both of these are acceptable)</li> </ul>

# Questions?