



Maryland Department of Agriculture
 Maryland Agricultural Cost-Share Program (MACS)

CURRENT NUTRIENT MANAGEMENT PLAN CERTIFICATION*

Participants in MACS cost-share programs must certify that the agricultural operation associated with the cost-share practice(s) is following a current Nutrient Management Plan (NMP), to the extent required by COMAR 15.20.07. This form must be submitted to the local soil conservation district (SCD) when applying for MACS grants.

The SCD shall include a copy of this with any MACS cost-share application. Applications received without this form, or with incomplete forms, may be denied. Completed Nutrient Management Certification forms may be submitted at the claim stage for Manure Transport and Manure Injection projects.

Landowner Information

(Fill out this section if the landowner is applying for cost-share and is **not** the agricultural operator of the land.)

Landowner Name	<input type="text"/>			
Address	<input type="text"/>			
	Number	Street		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	ZIP	County

Farm Operator (person who signed the most current NMP)

Operator Name	<input type="text"/>			
Farm Name (if applicable)	<input type="text"/>			
Address	<input type="text"/>			
	Number	Street		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	ZIP	County

Certified Nutrient Management Consultant or Certified Farm Operator

Full Name Printed	<input type="text"/>			
Certification No.	<input type="text"/>	License No. (if applicable)	<input type="text"/>	
	Date the NMP was prepared or updated		Total Acres Under Plan	<input type="text"/>
Period the plan covers:	Begin Date	End Date	<input type="text"/>	

I certify that the NMP information is for the farm operation listed above, and is true and correct. I understand that if this information is determined to be false, my certification and/or license may be revoked.

Signature	<input type="text"/>	<input type="text"/>
	Certified NM Consultant or Certified Farm Operator	Date

Farm Operator Certification

I certify that: (1) my farm is operating under a current nutrient management plan for the time period indicated and, (2) my nutrient management plan was developed by the plan preparer named above.

Signature	<input type="text"/>	<input type="text"/>
	Farm Operator	Date
Print Name	<input type="text"/>	