

# Critical Areas Seeding Program (CASP) Application

This is an application to participate in, and declaration of intent to participate in the Critical Areas Seeding Program. The data collected during your participation in the Critical Area Seeding Program will only be used in support of the program. Only people with a need to access your data in support of CASP will have the authority to access your data unless you provide Carroll SWCD with informed consent to release the data, a court orders release of the data, or upon request of a legislative auditor to review the data.

Applicant Information			
Applicant full name (Print)		Email	
Address		Phone	
City	State	Zip	County

Tract Number	Field Number	Number of Critical Areas	Current Soil Tests?

**Disclaimers:**

- The participants shall hold Carroll SWCD and its assigned harmless from all damages for injuries or death to persons or property as a result of this program.
- Participant(s) give Carroll SWCD and its assigned permission to enter and exit property as needed to verify completion of this program prior to payment. (site checks, gathering data, etc.)
- Carroll SWCD programs and services are conducted without regard to race, color, national origin, sex, age, marital status, sexual orientation, handicap or other prohibited criteria.

**Producer agrees to install critical areas in accordance with approved NRCS Standards. Carroll Soil and Water Conservation District will verify the successful establishment of each critical area to receive payment.**

I understand that by submitting this Application, I have voluntarily signed up for CASP and agree to install critical areas as outlined in NRCS Standards to receive an incentive payment. This document serves as a notice of intent and may be withdrawn at any time. I furthermore have the authority to sign this Application, as well as all proceeding documents on behalf of the operation.

Applicant Signature	Date
Applicant full name (Print)	