



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

**CURRENT NUTRIENT MANAGEMENT PLAN CERTIFICATION\***

Participants of 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) office *when applying* to the MACS Program.

The SCD shall include a copy of this form with any MACS cost-share application. Applications received without this form, or with a form that is missing information, will be considered incomplete. Exception: This form 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

Address

Number  Street

City State ZIP County

**Farm Operator** (person who signed the most current NMP)

Operator Name

Farm Name (if applicable)

Address

Number  Street

City State ZIP County

**Certified Nutrient Management Consultant or Certified Farm Operator**

Full Name Printed

Certification No.  License No. (if applicable)

Date the NMP was prepared or updated  Total Acres Under Plan

Period the plan covers: Begin Date  End Date

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

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

Farm Operator Date

Print Name