

CROPLAND ENHANCEMENT BUNDLE

CONSERVATION STEWARDSHIP PROGRAM

B000CPL21

Crop Bundle #21 – Crop Bundle (Organic)

Conservation Practices 484: Mulching, 590: Nutrient Management; 595: Integrated Pest Management, 393: Filter Strip and 612: Tree/Shrub Establishment

APPLICABLE LAND USE: Crop (Annual & Mixed)

RESOURCE CONCERN ADDRESSED: Soil, Water, Plant

BUNDLE LIFE SPAN: 1 year

Enhancement Description

By implementing this combination of enhancements together, a synergy is achieved that should result in more conservation benefits than would be expected from implementing the enhancements individually.

Criteria

- All of the component enhancements in the required group must be adopted as shown in the table below.
- If an applicant has already adopted one or more component enhancements within a bundle, the applicant may schedule the bundle as long as the applicant is newly adopting the majority (more than 50 percent) of the component enhancements within the bundle.
- Applicants may choose to adopt a bundle on any portion of the agricultural operation and will be required to install component enhancements on all applicable acres where the bundle is adopted.
- The bundle is scheduled in the year in which all component enhancements in the bundle are applied.
- The bundle, once adopted, may continue to be implemented in all subsequent years through the end of the contract meaning applied multiple times after adoption.

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United States Department of Agriculture

Documentation and Implementation Requirements

Participant will:

- CONSERVATION STEWARDSHIP PROGRAM
- Follow the documentation and implementation requirements outlined in the respective enhancement job sheets to document the implementation of each component enhancement in the bundle.
- Prior to and after implementation, document the planned amount, fields, applied amount and the year each component enhancement in the bundle is applied:

Component Enhancement Code	Tract, Field No. or Name	Planned Amount (units)	Applied Amount (units)	Year(s)
ADOPT ALL REQU	JIRED COMPONE	NT ENHANCEMENT	TS FROM THIS GROUP	,
E595B				
E590A				
E484A				
E393A				
E612D				

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NRCS Documentation Review:

I have reviewed all required participant documentation and have determined the participant has implemented the bundle and met all criteria and requirements. CONSERVATION STEWARDSHIP PROGRAM

Participant Name	Contract Number	
Total Amount Applied	Fiscal Year Completed	
NRCS Technical Adequacy Signature	te	

^{*}Sign and certify in the Oregon-Acknowledgment & Certification supplement below.

Design Approvals & Acknowledgements:

Design Approval	Date	Job Approval Authority
Designed by:		
Approved by:		

Client's Acknowledgement Statement:

The client acknowledges:

- I have received a copy of the specification and understand the contents and requirements.
- It is my responsibility to obtain all necessary permits and/or rights and to comply with all ordinances and laws pertaining to the application of this practice.
- I will not begin installation of this practice until I have received appropriate approval to do so. I understand NRCS also has Federal and state laws to comply with that may take some time to address (e.g. cultural resources).

Client's Signature	Date

Certification Documentation:

Field Evaluation: Post-treatment inventory, measurements, notes, as-built, and supporting documentation (document completion in conservation plan), as required.
Map(s): Including field numbers, fields treated, and units treated (may document on conservation plan map), as required.
Photos or other supporting documentation (e.g., seed tags, soil tests, receipts, invoices, spray records, fertilizer records, etc.)
Pescription of Work Accomplished (types of equipment used, date of application, extents partitives installed, etc.)

Certification Statement:

The employee certifies the implementation of this conservation practice:

- Meets the purpose, general criteria, and any required additional criteria as documented in the conservation practice standard and/or enhancement sheet.
- Meets the specifications contained herein and is complete.
- Conforms to my existing Job Approval Authority controlling factors and levels.

Name	Date	Job Approval Authority

Field Level Certification – For multiple applications of this design.				
	Date	Unit(s)	Amount	Certifier
Item Number			Installed	

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