

Comprehensive Soil Health Management Plan



Producer Name:	Phone:	
Address:	Soil map? (Y/N)	
Field names, legals:		

Looking back at last year:

Last Year's FARMS Practices

CSHMP Practice	Soil health principles	What goals did you have for this practice? (from the CSHMP)
What challenges did you face in this field last year ? How did you address them?		
Did you hit your goals? Why?		
How did your FARMS practices impact the rest of your operation? Economics, rotation, other conservation practices?		

Year 3 SET

Which soil health indicators from the SET do you want to improve?	
What do you want to do this year to address those indicators?	
What effect will that have on the indicators / the rest of the operation? Why?	



Year 3:

Next, using the results of the reflection activity, plan out which practices you'll do on your fields this year.

Comprehensive Soil Health Management Plan		Practices (old and new)	Payable?
<p>List all the conservation practices you're planning for these fields (including ones that aren't new, or aren't done for FARMS)</p> <p>Don't forget you can work with your Mentor or TA, and look at your SET if you're looking for new practices.</p> <p>In the Field Name box, also write in if your practices together address all 4 Soil Health Principles:</p> <p>Minimize Disturbance Maximize Biodiversity Maximize Living Root Maximize Soil Cover (optional) Integrate Livestock</p>	Field name:		
			Do these practices together address all 4+1 Soil Health Principles? (Y/N)
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Have more than three fields? See the last pages for more space.



FARMS Practices Information

For each **payable** FARMS practice, fill in the following info:

Practice #1:	
What are your goals for this practice?	
Do you need technical assistance for this practice?	
-----FOR TA USE----- TA's, do you have any notes about this practice?	

Practice #2:	
What are your goals for this practice?	
Do you need technical assistance for this practice?	
-----FOR TA USE----- TA's, do you have any notes about this practice?	

Practice #3:	
What are your goals for this practice?	
Do you need technical assistance for this practice?	
-----FOR TA USE----- TA's, do you have any notes about this practice?	

Have more than three practices? See the last pages for more space.

Wrap Up:

Producer signature:		TA signature:		Staff signature:	
				Date:	



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Additional lines in case you ran out of room in the form above:

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