



Plant Enhancement Activity – PLT18 – Increasing on-farm food production with edible woody buffer landscapes

State Criteria (same as NATIONAL CRITERIA)

Additional Criteria for Nebraska

Commonly Recommended Woody Species to Provide Edible Products:

Pawpaw	(Native to VZ 4)	Silver Buffaloberry	(Native to VZ 1-3)
Black Cherry	(Native to VZ 3-4)	Common Chokecherry	(Native to VZ 1-4)
Black Walnut	(Native to VZ 3-4)	Buffalo/Golden Currant	(Native to VZ 1-4)
Shagbark Hickory	(Native to VZ 4)	Elderberry	(Native to VZ 3-4)
Pinyon Pine	(Not native to NE)	American Hazelnut	(Native to VZ 4)
Northern Pecan (Not native to NE)		American Plum	(Native to VZ 1-4)
		Western Sandcherry	(Native to VZ 1-3)
		Saskatoon Serviceberry	(Native to VZ 1-3)

(Note: Additional native woody species may also be used if identified in appropriate plant community as found within the Terrestrial Ecological Systems and Natural Communities of Nebraska, 2010. For example, Missouri gooseberry as common understory in Eastern Riparian Forest community.)

Documentation Requirements (SEE NATIONAL ENHANCEMENT ACTIVITY JOBSHEET)

Additional State Documentation Requirements

Complete the Table below:

To be completed by NRCS and Producer during planning					To be completed by Producer during certification		
1	2	3	4	5	6	7	8
Tract	Field	Planned Acres	Acreage of Enhancement (Planned)	Agroforestry Practice	Applied Acres	Acreage of Enhancement (Applied)	Date activities were completed
<i>Ex.100</i>	<i>2b</i>	<i>160.0</i>	<i>2.0 acres</i>	<i>380 - Windbreak</i>	<i>160 ac</i>	<i>2.0 acres</i>	<i>3/25/3015</i>

EX= EXAMPLE, COLUMNS 1-5 NRCS COMPLETES, COLUMNS 6-8 PRODUCER COMPLETES

I certify that the enhancement criteria have been met and the required documentation provided to NRCS for review.

1. Documentation of species planted and overall agroforestry conservation practice design with a completed [NE-CPA-15 Tree Planting Job Sheet](#) and associated invoices for trees/shrubs, as required.
2. Map showing where agroforestry practices were enhanced (highlighted, outlined, etc.).
3. Documentation of completed management activity, as required. – (COMPLETE TABLE ABOVE)

Certified by: _____ **Date:** _____