APPLICATION FORM

AGRICULTURAL CONSERVATION ASSISTANCE PROGRAM

# Section 1: *Applicant Information – Please indicate who is applying by checking box*

Applicant

□

Applicant

□

Operator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_-\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landowner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_-\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FSA Farm #: \_\_\_\_\_\_\_\_\_\_\_\_ FSA Tract(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Acres: \_\_\_\_\_\_\_\_ Cropland Acres: \_\_\_\_\_\_\_\_\_   
Type of Operation (livestock, dairy, crop, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed the required pre-application meeting with a District Representative? \_\_\_\_Yes \_\_\_\_ No

Does your operation have a **CURRENT AND VERIFIABLE** Manure Management Plan,   
Nutrient Management Plan, or NRCS 590? \_\_\_\_Yes \_\_\_\_No \_\_\_\_N/A

If Yes, please circle and list date of plan: \_\_\_/\_\_\_/\_\_\_\_

Is the development of one included in your application? \_\_\_Yes \_\_\_No

Plan Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your operation have a **CURRENT AND VERIFIABLE** Ag E&S or Conservation Plan? \_\_\_\_ Yes \_\_\_\_No

If Yes, please circle and list date of plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the development of one included in your application? \_\_\_Yes \_\_\_No

Plan Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your operation have any Animal Concentration Areas (ACAs)? \_\_\_\_ Yes \_\_\_\_No

If yes, will the proposed project address the ACAs? \_\_\_\_ Yes \_\_\_\_No

Does the proposed project require any permits? \_\_\_\_Yes \_\_\_\_No If yes, please identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 2: *Project Information*

Provide an explanation of the project(s) for which you are applying. Please include who is conducting the work and other related information. (*Example:* **40***acres of cover crop mix consisting of* **winter rye and crimson clover** *seeded at* **(xx)** *bushels/lbs per acre.* **I** *will be planting by* **(date)** *using* **(tillage type)***. Cover crops will****winter-kill, be cut in the spring and tilled into soil, be sprayed with herbicide in spring as close as possible to next planting, harvested in spring as close as possible to next planting, grazed upon in spring, etc.*).** Contact District for cover crop seeding rates.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# Section 3: *Financial Information*

Enter the proposed funding and its sources below

Note: It is recommended to contact the District prior to applying to ensure available funding. If an eligible applicant hires a private sector consultant, engineering and associated planning costs for the project may also be included as an eligible cost of up to an additional 10% of the estimated construction cost.

|  |  |
| --- | --- |
| Amount of REAP Funds Anticipated | $ |
| Amount of AgriLink/Commercial Loan or Farmer Financed | $ |
| Amount of EQIP Funds Anticipated | $ |
| Amount of Other Funds & Source |  |
| Type of In-Kind Contribution (labor, equipment, etc.) |  |
| **Amount of ACAP Funds Requested** | **$** |
| **Total Amount of Funding Toward Project** | **$** |

# Section 4: *Attachment Checklist*

□ Copy of required Ag E&S Plan/Conservation Plan and Manure Management Plan, if not yet provided   
□ Project Description

□ Project Cost Estimate – full breakdown of all associated costs

□ Project Photos Before Construction (If applicable)

□ USDA NRCS Authorization for Release of Records (If applicable)

# Section 5: *Grantee Signature*

I hereby request ACAP Funding assistance for the operation identified above.

Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 6: *Conservation District Use Only*

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application #: \_\_\_\_\_\_\_

Accepted by (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility Determination Date:\_\_\_\_/\_\_\_/\_\_\_ Determination of eligibility: \_\_\_\_\_\_\_Eligible \_\_\_\_\_\_\_Not Eligible

If not eligible, state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Approved Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_   
Committee Denied Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Waitlisted Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Waitlisting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Board Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of funding granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Representative Signature: \_ Contract #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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