

Susquehanna County Conservation District
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM (ACAP)
APPLICATION

Section 1: Applicant Information

Landowner: _____

Operator: _____

Farm Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Farm Acres: _____ Cropland Acres: _____ FSA Tract No. _____

Type of Operation (livestock, dairy, poultry, crop, etc.): _____

1. Is the operation on a preserved farm? Yes/No (Circle One)
2. Latitude and Longitude of approximate location of planned BMP _____
3. Does your operation have a CURRENT AND VERIFIABLE NMP/MMP/NRCS 590? Yes/No (Circle one) If yes, please list date of plan: _____
4. Does your operation have a CURRENT AND VERIFIABLE Ag E&S/Conservation Plan? Yes/No (Circle one) If yes, please list date of plan: _____
5. Does your operation have any Animal Concentration Areas (ACAs)? Yes/No (Circle One)
6. Will the project you are seeking funding for exceed an area of disturbance equal to or greater than 43,560²ft or will there be any disturbances to local streams or wetlands.
7. Is your ACA contributing to a resource concern or have direct connectivity to a water source? Yes/No (Circle One)
If yes, will the proposed project address the ACAs: Yes/No (Circle One)

Section 2: Financial Information

Enter the proposed funding and its sources below.

Note: Each participating district, in consultation with the Commission has determined to award cost-share up to certain percentages of the estimated construction cost of the project. Please consult with the participating districts on what the cost-share rate is before completing the application. If an eligible applicant hires a private sector consultant, engineering and associated planning cost for the project may also be included as an eligible cost of up to an additional 10% of the estimated construction cost.

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Amount of ACAP Grant Funds Requested: _____

Amount of REAP Funds Anticipated: _____

Amount of NRCS Funds Requested: _____ EQIP Other (Please Indicate) _____

Amount of AgriLink/Commercial Loan or Farmer Financed: _____

Amount of Other Funds (please indicate source): _____

TOTAL AMOUNT FOR PROJECT: _____

Section 3: Grantee Signature

I hereby request ACAP Funding assistance for the operation identified above. I am agreeing to fulfill the operations and maintenance agreement as developed by the engineering agency for the BMP for which funding is being requested.

Grantee: _____ Date: _____

Attachment Checklist

Plan Verification Form

Spreading Records 1 full year

Copies of NMP/MMP/Conservation/Ag E&S or any applicable plans

Project Description

BMP Name and (NRCS) Practice Codes: _____

Resource concerns addressed by BMP: _____

Plan where BMP has been identified: MMP AG E&S Plan Conservation Plan Nutrient Management Plan Other _____

Project Cost Estimate

Estimate Source: _____

Plan Maps (including Aerial Imagery and Soils)

Project Photos Before Construction

District Cooperator Form, if applicable

USDA NRCS Authorization for Release of Records, if applicable

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Section 4: Conservation District Use Only

Date received: _____

Accepted by(signature): _____ Date: _____

Name (print): _____ Title: _____

Eligibility Determination Date:

Determination of eligibility: _____ Eligible _____ Not Eligible

If not eligible, state reason: _____

If eligible, amount of funding granted: _____

District Board Approval Date _____

Board Signature or Authorized Representative _____