

APPLICATION FORM
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM

Section 1: Applicant Information

Landowner: _____ Operator: _____
Farm Name: _____ Address: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

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

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

Does your operation have a CURRENT AND VERIFIABLE NMP/MMP/NRCS 590? (Circle one)
_____ Yes _____ No

If yes, please list date of plan: _____

Does your operation have a CURRENT AND VERIFIABLE Ag E&S/Conservation Plan? (Circle one)
_____ Yes _____ No

If yes, please list date of plan: _____

Does your operation have any Animal Concentration Areas (ACAs)? _____ Yes _____ No

Is your ACA contributing to a resource concern or have direct connectivity to a water source? _____ Yes _____ No

If yes, will the proposed project address the ACAs: _____ Yes _____ No

Does your operation's land contain karst (limestone) geology? _____ Yes _____ No

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.

Amount of ACAP Grant Funds Requested: _____

Amount of REAP Funds Anticipated: _____

Amount of AgriLink/Commercial Loan or Farmer Financed: _____

Amount of Other Funds (please indicate source): _____

TOTAL AMOUNT FOR PROJECT: _____

Section 3: Attachment Checklist

- ☐ Project Description
- ☐ Project Cost Estimate
- ☐ Plan Verification Form
- ☐ 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

Section 4: Grantee Signature

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

Grantee: _____ Date: _____

Section 5: 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: _____

Complete applications will be accepted at the following conservation district offices or designated agent: List per county contact info in an attachment.

VERIFICATION FORM

Verification on Conservation Plans must be made by a NRCS certified conservation planner. Verification on Nutrient Management Plans must be made by an Act 38 certified planner/reviewer. Verification on Ag E&S and Manure Management Plans may be made by any qualified individual that has acquired enough knowledge in the respective program to certify that the plans are correct and complete.

A. Conservation and Agricultural E & S Plans

☐ Conservation Plan☐ Agricultural E&S Plan☐ N/A

I affirm that I have reviewed the operational Conservation/Ag E&S Plan(s), and after due diligence and inquiry I hereby affirm the plans to be true and correct to the best of my knowledge, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME OF PERSON VERIFYING THIS APPLICATION: (printed)

TITLE:

NAME OF ORGANIZATION OR BUSINESS:

PHONE NUMBER:

VERIFICATION SIGNATURE:

B. Nutrient Management Plan and Manure Management Plan

☐ NMP☐ MMP☐ N/A

I affirm that I have reviewed the operational Nutrient Management Plan/Manure Management Plan, and after due diligence and inquiry I hereby affirm the plans to be true and correct to the best of my knowledge, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME OF PERSON VERIFYING THIS APPLICATION: (printed)

TITLE:

NAME OF ORGANIZATION OR BUSINESS:

PHONE NUMBER:

VERIFICATION SIGNATURE:

C. BMP's Included in ACAP application are contained in one of the above stated plans?

☐ YES☐ NO



Customer Record Request

NRCS maintains Landowner, Operator, Producer, Cooperator, and Participant Files in a System of Records. These records are protected from disclosure by the Privacy Act of 1974, as amended (5 U.S.C. § 552a) and Section 1619 of the 2008 Farm Bill (7 USC § 8791). Customer case files are confidential and can only be accessed by the customer/program participant.

Customers/program participants are allowed to share their information directly with third parties or entities outside of USDA. Pennsylvania USDA-NRCS customers who wish to share their customer records with third parties or outside entities can use this form to request copies of records contained in their official customer file.

Release of customer/program participant information to any third party is not a condition of USDA participation, nor do customers need to complete a records request to participate in any USDA program.

To: United States Department of Agriculture (USDA), Natural Resources Conservation Service (NRCS)
From (Individual and/or Farm Name):

Mailing Address:

Farm Address:

I request copies of the records from my files, as listed:

Delivery method for records (check box):

☐ Pick up at the NRCS field office

☐ Mailed through the US Postal Service

☐ Electronic mail (please provide e-mail address):

If multiple individuals make up a larger customer entity all individuals of the entity must sign. (For additional individuals please attach an additional sheet).

Name: _____ Signature: _____ Date Signed: _____
(Please Print)

Name: _____ Signature: _____ Date Signed: _____
(Please Print)

NRCS Reviewer Signature: _____ Date Delivered: _____