# GREENE County ACAP Application Eligibility Form

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| --- |
| Section 1: Applicant Information  |
|  **Name:**  |   |    | **Application Date:**  |
| **Mailing** **Address:**  |   | **Phone #: Farm Address:**  |
|  |  |
|  **Farm #:**  |   |   |
|  **Tract #:**  |   | **Email:**  |
| **Tax ID:**  |   | **Cropland Acres:**  |
| **Farm Acres:**  |   | **Type of Operation:**  |
| **(To be completed by staff based on application and supplemental information)**  |
| **Is the landowner and/or operator holding a seat as a Conservation District Board Member?** ☐ Yes ☐ No |

|  |  |
| --- | --- |
| Program Eligibility  |  |
| 1.  |  Is the applicant a Conservation District Cooperator?  | ☐  | Yes |       | ☐  | No  |      |
| 2.  |  Is it a farming operation? (as defined in 63 CSR 1)  | ☐  | Yes | ☐  | No  |
| 3.  |  Is the applicant the landowner and/or operator?  | ☐  | Yes | ☐  | No  |
| 4.  |  If the applicant is an operator, please check one of the following below: ☐ copy of the lease ☐ producer information agreement that shows control of the land for the length of the contract  |   |   |
| 5.  |  Is there documentation to support the development of a Contract? (Maps, soil test, etc.)  | ☐  | Yes | ☐  | No  |
| 6.  |  Is there a Comprehensive Nutrient Management Plan/ Manure Mgmt Plan? (If applicable)  | ☐  | Yes | ☐  | No  |
| 7.  | Are there any Animal Concentration Areas (ACAs) in the operation?  | ☐  | Yes | ☐  | No  |
| 8.  | If applicable to the above question; Is the ACA contributing to a resource concern or have direct connectivity to water sources?  | ☐  | Yes | ☐  |  No  |
| 9.  |  Have you completed the required pre-application meeting with a District Representative?  | ☐  | Yes | ☐  |  No  |
|    |  |

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| --- |
| **Section 2:** *Financial Considerations* Indicate how the project will be funded by checking the correct box below and entering financial information. Project to be funded by ACAP only (project estimate must be less than $500,000)    Project to be funded by a combination of ACAP, EQUIP, REAP, or Other Funds *Note: Please consult a district representative on cost-share rates before completing the application. 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. If an eligible applicant hires a private sector consultant, engineering and associated 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.* Funding Breakdown:  Amount of ACAP Fund Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount of NRCS Funding (indicate source REAP, EQUIP, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of AgriLink/Commercial Loan or Farmer Financed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount of Other Funds (please indicate source): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Total Amount For Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** If permitting is required, the applicant is required to identify and obtain all permits prior to the project start date. *Complete Detailed Estimate Project Expenditures, Attachment A.* **Section 3:** *Description of Project* Brief Description of Project:   Indicate Best Management Practices (BMP) to be Implemented:  Relevance of project to MMP, NMP, GP, CP or Ag E&S plan:  *Complete the Project Work Plan, Attachment B, and attach additional pages if necessary.*  **Section 4:** *Attachment Checklist*   Detailed Estimated Project Expenditures (Attachment A)         Plan Verification Form (Attachment B)   Project Work Plan (Plan Drawing, Map and or Aerial Map, Attachment C)   Project Photos Before Construction   District Cooperator Form (Attachment D)  USDA NRCS Authorization for Release of Records, if applicable (Attachment E, NRCS Form)   |
| **Section 5:** *Signature* I hereby request ACAP funding for the farm identified above.   Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please return your completed application by mail, fax, e-mail, or in person to the following:** 22 W. High Street Suite 204 Waynesburg, PA 15370 Fax (724) 852-5341 e-mail: gccd@greenecountypa.gov **If you have any more questions regarding the ACAP program, please call us at (724) 852-5278**   |
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## ATTACHMENT A: ACAP DETAILED ESTIMATED PROJECT EXPENDITURES

Use best estimates and complete as much information as possible.

## GRANT REQUESTED FUNDS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Materials**  |  | **Equipment**  |  | **Labor**  |  |
| Type  | Unit Cost  | Qty  | Cost $  | Type  | Hours  | Rate/ Hr  | Cost $  | Type  | Rate/ Hr  | Hours  | Cost $  |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
| **Tot** | **al Materials $**  |  | **Total Equipment $**  |  |  | **Total Labor $**  |   |

\*Prevailing wage may apply to projects over $25,000 when a contractor is involved. Total Grant Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Applicant Farm Name (if applicable) Date

## IN-KIND FUNDS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Materials**  |  | **Equipment**  |  |  | **Labor**  |  |
| Type  | Unit Cost  | Qty  | Cost $  | Type  | Hours  | Rate/ Hr  | Cost $  | Type  | Rate/ Hr  | Hours  | Cost $  |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
| **Tot** | **al Materials $**  |  | **Total Equipment $**  |  |  | **Total Labor $**  |  |

\*Prevailing wage may apply to projects over $25,000 when a contractor is involved. Total In-Kind Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Applicant Farm Name (if applicable) Date

**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, Grazing 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

Conservation Plan

|  |
| --- |
| 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

## ATTACHMENT C: ACAP PROJECT WORK PLAN

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

 Applicant Farm Name (if applicable) Date

|  |
| --- |
| **Instructions:** Draw a sketch of the proposed project that includes: * All proposed projects and their locations.
* All existing roads, buildings, animal lots, cattle lanes, farm roads, streams, springs, wells, lakes, ponds, surface water runoff (path, flow direction), wetlands, existing fences, property lines, manure storage areas.
* Known Utilities
* North Arrow
* Attach additional project details as necessary.
 |

**\*Dial 8-1-1 or 1-800-242-1776 not less than 3 nor more than 10 business days prior to the start of excavation.**

 REQUEST FOR CONSERVATION DISTRICT ASSISTANCE

 RETURN TO: Greene County Conservation District

 22 West High Street, Suite 204

 Waynesburg, PA 15370

724-852-5278

Fax: 724-852-5341

The undersigned requests the resource conservation assistance checked on the reverse side of this form for the area identified as:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Farm or Land Tract)**

### Comprising\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

####  (Acres) (Township) (County)

It is agreed that I/we will cooperate with the district and its cooperating agencies and make every reasonable effort within the limits of my/our abilities and resources to plan and develop the area identified herein for the intended use following the principles of sound resource management. When the information provided is used in documents published by others, credit will be given to the district and/or the appropriate cooperating agency for the data provided. This agreement may be terminated upon written notice by the applicant or the district.

### ***Applicant:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please Print)**

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

####  (Street, P. O. Box or R. D. Number) (Email)

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

####  (City) (State) (Zip) (Home Phone Number)

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

####  (Signature of Applicant/Agent) (Title) (Date)

**DISTRICT APPROVAL AND PRIORITY**

This request has been approved and recorded at a meeting of the District Board. The District agrees to provide technical assistance within their authority, policies and resources.

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

####  (Date) (District Official) (Title)

Please complete the appropriate sections to assist the district in setting a priority for your request.

I. Directions for locating the property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Name of previous owner, if property was recently secured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date assistance is desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Month) (Year)**

II. Type of Assistance Desired (Check appropriate items)

### ***A. Units of Government Resources and Land Use of Planning***

 \_\_\_\_Soil Surveys & Interpretations \_\_\_\_Surface Water Management

 \_\_\_\_Flood Plain Delineations \_\_\_\_Subdivision Reviews

\_\_\_\_Erosion & Sedimentation \_\_\_\_Site Inventory & Evaluation Control Plan Reviews

### ***B. Landowners (Farmers, Developers, etc.) Conservation Planning***

  \_\_\_\_Cropland Management \_\_\_\_Streambank Protection/Ag Crossing

 \_\_\_\_Grassland Management \_\_\_\_Surface Water Control

 \_\_\_\_Erosion and Sedimentation Control \_\_\_\_Woodland Management

 \_\_\_\_Agricultural Waste Management \_\_\_\_Irrigation System

 \_\_\_\_Livestock Watering Facility \_\_\_\_Recreation Area Development

 \_\_\_\_Drainage System Location & Design \_\_\_\_Wildlife Habitat Management

 \_\_\_\_Planned Grazing System \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III. Type of Land Use or Enterprise

1. Non-farmer

Present Land Use \_\_\_\_\_\_\_\_\_\_\_\_Planned Land Use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Residential, Recreation, Woodland, Wildlife Land, Wetlands, Natural Area, Surface Mine Area, etc.)**

1. Farmer \_\_\_\_\_\_Full Time \_\_\_\_ Part Time

#### Type of Farm Enterprise\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **(Dairy, Grain, Beef, Sheep, etc.)**

#### Major Crops\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#####  (Corn, Vegetables, Grass, etc.)

Acres (Optional)

 \_\_\_Continuous Row Crops \_\_\_Pasture Land

 \_\_\_Crops Rotated with Hay \_\_\_Woodland

 \_\_\_Total Cropland \_\_\_Wildlife Land

 \_\_\_Permanent Hay \_\_\_Recreation Land

**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:

I&E, Conservation Plan, Contact Information, Funding Information, Contract\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### All shall be communicated to the Indiana County Conservation District for opportunities within the

ACAP Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery method for records (check box):

\_\_\_\_X\_\_ Pick up at the NRCS field office

\_\_\_\_\_\_ Mailed through the US Postal Service

\_\_\_X\_\_\_ 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: \_\_\_\_\_\_\_\_\_Natural Resources Conservation Service ***Helping People Help the Land***

359 East Park Drive, Suite 2

Harrisburg, PA 17111 *USDA is an equal opportunity provider,* **Version 2** Voice: 717-237-2100  Fax: 855-813-2861 *employer, and lender.*

