

Resource Enhancement and Protection Program



APPLICATION

Fiscal Year 2025

(July 1, 2025 – June 30, 2026)

State Conservation Commission
2301 North Cameron Street
Harrisburg, PA 17110

Program contact: (717) 705-4032
SCC Main office: (717) 787-8821



REAP APPLICATION INSTRUCTIONS

2025-26

The Commission will accept 2025-26 REAP applications beginning **August 1st, 2025**. Please send applications to the following address:

State Conservation Commission
REAP Tax Credit Program
2301 North Cameron Street
Harrisburg, PA 17110-9408

Emailed applications should be sent to: nbloom@pa.gov

Applications will be accepted on a first-come, first-served basis.

Applications will be accepted for projects that are **proposed** or **completed** (or mixed) at the time of application. Proposed purchases of equipment must be completed by **June 30, 2026**. Projects involving the implementation of structural BMPs must be on-schedule to be completed by **June 30, 2027**, to be eligible. Applicants may apply for proposed cover crop planting through **June 30, 2028**.

Tax credits are awarded upon completion of the project. The applicant must provide to the Commission paid receipts for the project and project certification information from a qualified individual. All projects must meet the design and certification standards established by the Commission (See Attachment 1 of the REAP Guidelines).

The deadline for submitting 2025-26 REAP applications is September 30th, 2025.

Please refer to p3 of the REAP Guidelines for more information regarding sponsorship of REAP projects.

2025-26 REAP Application

Section 1: Applicant contact information, tax information, and agricultural operation location information is provided in Sec 1 (p1) of this application.

Section 2: Applicant eligibility is determined in Sec 2 (pp2-4). Applicant eligibility must be verified on pp2-4 by a qualified individual. **Please note:** Both Section 2A and 2B must be verified by a qualified individual even if there is no livestock or manure present on the operation.

Section 3: Project information is provided in Sec 3 (pp5-15).

Please refer to p5 of this application for further instructions on completing Sec 3.

Supporting information found in the 2025-26 REAP Guidelines

Please refer to p1 of the REAP Guidelines for more information regarding applicant eligibility.

Please refer to the REAP Guidelines for information regarding the use of REAP tax credits.

Please refer to Attachment 1 of the REAP Guidelines for more information regarding eligible projects.

Please refer to Attachment 4 of the REAP Guidelines for more information regarding who is qualified under the REAP tax credit program to provide eligibility verification signatures.

Parts of this application may require the assistance of your local Conservation District, USDA/NRCS office, or a qualified private-sector technical service provider.

REMINDERS

Before you submit the REAP Application, make sure you have....

- √ Provided accurate tax identification information. Please note that the tax credit will be awarded to the Social Security Number (SSN) or EIN number that you submit. Sole Proprietorships must provide an SSN. Business entities that are organized as an LLC must provide an SSN along with the business EIN.
- √ Answered **all** eligibility questions on pp 2-4.
- √ Both verifications in Section 2A and 2B are signed by a qualified person.
- √ Completed the REAP Project Cost/Funding Summary Table (pp5-6)
- √ Signed and dated the application on p7.
- √ *For sponsored applications, please ensure that the sponsor has completed the information on p1, page 7 is signed, and you have included the sponsorship addendum page (15).*

If you are applying for plans, please provide the following:

- √ For proposed Plans: a cost estimate and a total acreage on p6.
- √ For completed Plans: copies of receipts with date completed, total cost, and acreage data.

If you are applying for equipment, please provide the following:

- √ For proposed purchases: A cost estimate; or dealer quote; or purchase order.
- √ For completed (delivered) purchases: the corresponding equipment dealer certification form (pp 8-11) and a copy of the dated sales receipt/invoice.

If you are applying for a Manure Storage Facility, Heavy Use Area Protection, Animal Mortality Facility, or Composting Facility please provide the following:

- √ Storage Facility & Heavy Use Area Protection Worksheet (p12).

Important note regarding operation expansions: Projects that include an expansion of an agricultural operation by greater than 25% may be subject to a 50% reduction of REAP-eligible costs. Under-barn manure storages – unless certified by NRCS to be necessary for the treatment of an existing resource concern – are not eligible for REAP tax credits.

If you are applying for cover crops, please provide the following:

- √ Provide cost estimates for 1 year on p6 Cost Summary Table. Commission staff will reserve 3 years of funding for you based on your 1-yr estimate. Please submit copies of receipts/invoices with a complete p13 Cover Crop Worksheet upon completion of planting for the season.

If you are applying for a any other BMP project, please provide the following:

- √ For proposed projects: cost estimates, estimated other public funding at time of application (if applicable), estimated project completion date on p6.
- √ For completed projects: copies of all receipts (including any of your own labor), all records of other public funding associated with the project, and appropriate certification data (p14).



2025-26 Application

REAP ID Number 25 -

For Commission use only

SECTION 1A - APPLICANT INFORMATION

The **APPLICANT** is:

The owner/operator of the property on which the project will be completed

A sponsor of the project

APPLICANT NAME/BUSINESS NAME

MAILING ADDRESS:

street

city

state

zip

phone

email

CONTACT NAME: *(If different than applicant name)*

TAX INFORMATION:

REAP Tax Credits will be issued under the SSN for Individuals or Sole Proprietorship. REAP Tax Credits will be issued under the FEIN for the corporate entity. Single-member LLC entities must provide a FEIN and SSN.

SSN:

Federal Employer Identification Number(FEIN):

Please check which type of business entity

Individual

S Corp

LLC

Bank

Limited Partnership

Partnership

C Corp

Other entity (please list):

For projects involving a sponsor, a signed written agreement between the sponsor (applicant) and the owner/operator of the property on which the project is located must be completed, attesting that the owner/operator will comply with all the requirements associated with the award of the REAP tax credit, including the obligation to maintain the sponsored BMP(s). Please be sure to complete both sections of p7 and the REAP Sponsorship Addendum (p15).

Section 1B: OPERATION INFORMATION *(if different than Sec 1A)*

OPERATOR NAME

Operator SSN or FEIN

phone

email

MAILING ADDRESS:

street

city

state

zip

county

township

OPERATION ADDRESS: *(if different than mailing address)*

street

city

state

zip

county

township

Section 1C: GENERAL PROJECT INFORMATION

This application is for projects which include:

Planning *(Ag E&S Plan, Nutrient Management Plan, Manure Management Plan, etc.)*

Purchase of Equipment

Or

Other Best Management Practices (BMPs)

For constructed BMP projects, did you receive public funding from any other source? (EQIP, ACAP, Growing Greener, etc.)
or are you planning to apply for funding from any other source?

Yes

No

SECTION 2 - REAP Eligibility

Questions in Section 2 must be completed by the owner/operator of the ag operation.

Sec 2A. Agricultural E&S (Ag E&S) Plans

1. Do you have current and up-to-date **Ag E&S Plans** or **NRCS Conservation Plans** that meet the requirements of regulations found in **Chapter 102.4(a)** of the PA Clean Streams Law for all acres owned or operated on your ag operation?

Yes If you answered Yes, proceed to Question A.2

No If you answered No, you must include the development of Plans in this application. Please use the space provided below to list the entity assisting you with Plan development and an estimated date of completion. *REAP tax credits may be awarded for Plans prior to implementation of other BMPs.*

Total number of acres **OPERATED** and included in Ag E & S Plans: _____ **ac.**

2. Are your Ag E&S Plans fully implemented?

Yes

No If you answered No, list BMPs yet to be completed and an implementation schedule below.

Sec 2A REAP ELIGIBILITY VERIFICATION

Verifiers are attesting to the accuracy of the answers to the questions in Sec 2A

The following individuals are qualified to provide the necessary REAP-eligibility signatures:

- * Conservation District Technicians with appropriate training & experience in PA Clean Streams Law Compliance.
- * USDA/NRCS technicians who are certified in conservation planning with appropriate training and experience in PA Clean Streams Law compliance.
- * PA Act 38-certified Nutrient Management Plan writers/technicians.

I affirm that I have reviewed the responses made **by the applicant** in **Section 2A**, and after due diligence and inquiry, I hereby affirm the foregoing to be true and correct to the best of my knowledge.

I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Total number of acres OPERATED* by the applicant - and therefore covered by the verification signature below.

_____ ac.

NAME: (print)

PHONE:

TITLE:

EMAIL:

ORGANIZATION OR BUSINESS:

VERIFICATION SIGNATURE:

DATE:

*Reminder: The applicant's answers to the questions in Sec 2 pertain to the entire operation (owned and rented).

please continue to the next page

SECTION 2B (continued)

Questions in Section 2B must be completed by the owner/operator of the ag operation.

5. Does your operation have any Animal Concentration Areas (**ACAs**) as defined below?

A livestock confinement area outside of housing facilities; including (but not limited to) barnyards, feedlots, loafing areas, exercise lots, or other similar animal confinement areas; that will not maintain a growing crop. Also included are significant heavy-use areas in a pasture system; such as cattle access ways, feeding areas, watering areas, and shade areas.

Yes No N/A

6. Does your operation have any untreated ACAs?

If necessary, use the evaluation below to help determine whether you have an untreated ACA. **Please note:** This is not a definitive list of resource concerns for an untreated ACA. Please consult a qualified individual at your County Conservation District, NRCS, or Commission staff for a complete evaluation of your ACAs.

- * Is the area larger than 500sq ft?
- * Does untreated, unfiltered runoff from the area enter surface water?
- * Is the area within 50 feet of a well, spring, or sinkhole?

Yes No N/A

The Commission reserves the right to determine the status of ACA issues on the owner/operator's ag operation.

Sec 2B REAP ELIGIBILITY VERIFICATION

Verifiers are attesting to the accuracy of the answers to the questions in Sec 2B

The following individuals are qualified to provide the necessary REAP-eligibility signatures:

- * Conservation District Technicians with appropriate training & experience in PA Clean Streams Law Compliance.
- * USDA/NRCS technicians who are certified in conservation planning with appropriate training and experience in PA Clean Streams Law compliance.
- * PA Act 38-certified Nutrient Management Plan writers/technicians.

I affirm that I have reviewed the responses made **by the applicant** in **Section 2B**, and after due diligence and inquiry, I hereby affirm the foregoing to be true and correct to the best of my knowledge.

I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Total number of acres OPERATED* by the applicant - and therefore covered by the verification signature below.

_____ ac.

NAME: (print)

PHONE:

TITLE:

EMAIL:

ORGANIZATION OR BUSINESS:

VERIFICATION SIGNATURE:

DATE:

*Reminder: The applicant's answers to the questions in Sec 2 pertain to the entire operation (owned and rented).

Section 3: Instructions

Please refer to Attachment 1 of the REAP Guidelines for a list of all REAP-eligible BMPs; and for a list of units of measurement to include when completing p6.

For proposed projects, please provide a cost estimate and an estimate of when the project is scheduled to be complete (or the equipment delivered) on p6.

For completed projects, please include copies of all receipts/invoices, project certifications, and records of other public funding. Use p6 to summarize the project.

For cover crops, please provide a cost estimate for 1 year on p6. Commission staff will adjust your application to reflect a 3-year reservation of REAP funding for your operation. Please see p13 for more information regarding cover crop eligibility. Please send copies of invoices/receipts and a completed p13 of the REAP application upon completion of planting.

The following BMPs should be entered in the "Planning BMPs" section: Ag E&S Plan, Conservation Plan, Nutrient Management Plan, DEP Manure Management Plan, Soil Health Tests, Variable rate nutrient application plans.

The following BMPs should be entered in the "Equipment BMPs" section: No-Till Planters and Drills, Manure Injectors, Precision Nutrient Application components, Cover Crop Roller/Crimpers, and Cover Crop Drones.

Please enter the total cost of the entire project in the "Total Cost" column regardless of whether other funding sources directly paid contractors for specific elements of the project.

Please indicate whether the BMP is treating an ACA-related resource concern by checking the appropriate box. For more information about ACAs and BMPs typically used to treat runoff from ACAs, please refer to questions 5 & 6 on p4 of this application.

The "REAP Rate" column is completed according to your answers in the preceding checkboxes. Enter 75% if you answered "yes" to the "ACA?" question. Enter 50% if you answered "No" to the "ACA?" question. Please note: Manure Storages are not considered ACA treatments.

The following BMPs are eligible for a REAP tax credit of 90% if the project is located in an ag-impaired watershed - as listed in DEP's Integrated Water Quality Report:

- ~ Riparian forest buffers that are 50+ ft wide.
- ~ Multi-species cover crop: See p13 for more information.
- ~ Cover Crop Roller/Crimpers: please see Attachment 2 of the REAP Guidelines for more information.
- ~ Stream crossings and livestock exclusion from streams; and BMPs used in conjunction with stream crossings and livestock exclusion (e.g. Animal Trails & Walkways, Fence, and off-stream watering facilities).
- ~ Soil health tests

The Commission will determine if your project meets the standards for a 90% REAP tax credit and will apply the higher reimbursement rate. Please contact the SCC for more information, if necessary.

Section 3: REAP Project Cost Summary Table

Please refer to Attachment 1 of the REAP Guidelines for the complete list of REAP-eligible BMPs. Please attach duplicate pages, if necessary.

Eligible BMP	Units Installed or Proposed	Total Cost (\$)	Other Public Funds (\$)	Source	Total Cost Minus Other Public Funds(\$)	ACA Treatment? (check one)		REAP Rate	REAP Request (\$)	Complete (C) or Proposed (P)	Proposed Date of Completion
PLANNING BMPs											
	ac.							75%			
	ac.							75%			
	ac.							75%			
EQUIPMENT BMPs											
	1 no.							50%			
	1 no.							50%			
	1 no.							50%			
ALL OTHER BMPs						ACA?		REAP			
						YES	NO	Rate			
TOTAL											

SECTION 4 - Signature Page

Owner/Operator Signature

I affirm that I am authorized to legally bind the company, corporation, partnership or other legal entity whose name appears as the applicant and/or owner/operator (for projects involving a sponsor).

I hereby give permission for the State Conservation Commission staff and representatives thereof to review my Ag E&S plans, my Nutrient/Manure Management Plans, and all relevant records pertaining to these plans as part of the application review process.

I understand that any project receiving REAP credits is subject to on-site inspection by Commission staff and/or a representative of the Commission.

I understand that if a BMP is not properly maintained and managed for the required lifespan, as defined by the REAP Guidelines, I will be required to return the full amount of the tax credit granted for the BMP. I understand that if I provide prior written notification to the Commission that I am unable to maintain the BMP due to the sale of the property, cessation of an agricultural operation, or other factors; the Commission may prorate the amount of tax credit that shall be returned. I understand these provisions apply to any violations of the of the REAP Program Guidelines.

I understand and acknowledge that approved REAP applications are a "public record" under the Pennsylvania Right-To-Know Law (65 P.S. §§ 66.1 *et seq.* , as amended).

I agree to permit the State Conservation Commission, its staff and/or its agents to conduct site visits of the project location and to monitor the project for the lifespan of the project.

I affirm the foregoing to be true and correct. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Print Name(s) of Project Owner/Operator

Printed Title or Affiliation to a Business (if applicable):

Project Owner/Operator Signature

Date

For Projects Involving a Sponsor

I affirm that I am authorized to legally bind the company, corporation, partnership or other legal entity whose name appears as the applicant and sponsor.

I affirm that there is a signed written agreement between the sponsor and the owner/operator of the project regarding financial details of the sponsorship.

I affirm the foregoing to be true and correct. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Print Name(s) of Sponsor

Sponsor Signature

Date

Owner/Operator Signature

Date



No-Till Equipment Certification

For more information, refer to REAP Guidelines Att 2

Dealer Certification (must be completed by a qualified farm equipment dealer)

Model Year	Age exceeds 20 years YES NO	Make & Model
Planter	Drill	Upgrade Kit
Serial Number		Check if serial number is not yet available
The equipment is: New* Used		Purchase Price \$
*demo equipment is considered new		Expected Delivery Date

I certify the following:

- The equipment listed above is capable of placing seeds at the optimum depth for germination and growth in untilled soil with crop residue cover.
- For used equipment, all wear items meet or exceed manufacturer's guidelines for wear replacement parts.
- The purchase agreement includes field setup by a qualified representative of the dealership.
- I have no conflict of interest as defined by the REAP Guidelines.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 P.A.C.S.A §4904, relating to unsworn falsification to authorities.

	for	
Dealer Representative Printed Name		Company Name
Dealer Representative Signature		Phone Number Date

Applicant Certification

I certify that the no-till equipment described above will be:

- Utilized in untilled soil with crop residue cover.
- Maintained for the designated lifespan of the equipment (7 years for new equipment and 3 years for used equipment).
- Utilized on an agricultural operation that is identified in this application.

I understand that REAP-eligible costs will be capped at \$250,000 per planter/drill and \$100,000 per Upgrade Kit.
 I understand that the age of the equipment must not exceed 20 years - from July 1, 2025 (unless refurbished by a qualified equipment dealer).
 I understand that REAP-eligible costs will be capped at \$50,000 per planter/drill for non-PA residents.
 I agree to allow inspections by the State Conservation Commission, its staff, or agents thereof to ensure that my operation is maintaining the equipment for its REAP lifespan; and is utilizing the equipment as intended by the Commission.
 I agree to provide to the SCC the information requested below concerning my operation.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 P.A.C.S.A §4904, relating to unsworn falsification to authorities.

Please provide the following information:

Acres planted no-till annually:	_____ acres
Acres of cover crops planted annually:	_____ acres
Acres that receive automated precision application of nutrients annually:	_____ acres

Applicant Name	Signature date



Manure Injection Equipment Certification

For more information, refer to REAP Guidelines Att 2

Dealer Certification (must be completed by a qualified farm equipment dealer)	
Model Year	Make & Model
Serial Number	Check if serial number is not yet available
The equipment is: New* Used *demo equipment is considered "new"	Purchase Price \$ Delivery Date/Expected Delivery Date
I certify the following:	
1. The equipment is in good working order and is capable of injecting manure at a shallow depth (approx. 4") with minimal soil disturbance (leaving at least 60% of crop residue on the surface). 2. For used equipment, all wear items meet or exceed the manufacturer's guidelines for wear replacement parts. 3. The purchase agreement includes field setup by a qualified representative of the dealership. 4. I have no conflict of interest as defined by the REAP Guidelines.	
I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 P.A.C.S.A §4904, relating to unsworn falsification to authorities.	
_____ for _____	_____
Dealer Representative (print)	Company Name
_____	_____
Dealer Representative Signature	Phone Number

Applicant Certification	
I certify that the equipment described above will be:	
1. Utilized in a manner consistent with the provisions of a current Ag E&S Plan and Nutrient/Manure Management Plan. 2. Utilized on an agricultural operation that is identified in this application. 3. Utilized in a manner consistent with leaving a minimum of 60% of crop residue on the surface. 4. Not altered in any way that increases soil disturbance beyond the original design of the equipment. 5. Maintained by the owner/operator for the designated lifespan of the equipment - 7 years for new equipment and 3 years for used equipment.	
I understand that manure tanks and drag-line equipment are not eligible for REAP tax credits.	
I agree to allow inspections by the State Conservation Commission, its staff, or agents thereof to ensure that my operation is maintaining the equipment for its REAP lifespan; and is utilizing the equipment as intended by the Commission.	
I agree to provide to the SCC the information requested below concerning my operation.	
I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 P.A.C.S.A §4904, relating to unsworn falsification to authorities.	
Acres of manure injection on my operation annually: _____	acres

Applicant Name (print)	
_____	_____
Applicant Signature	Date



Precision Nutrient Application Equipment Certification

For more information, refer to REAP Guidelines Att 2

Dealer Certification (must be completed by a qualified farm equipment dealer)

Model Year _____ Make & Model _____

Serial Number(if applicable) _____

Please note: Only the precision ag **components** are eligible for REAP tax credits. Check all that apply:

- | | |
|---------------------------------|--|
| Displays, Monitors, Controllers | Variable rate drives, Hydraulic motors |
| GPS | Precision Spray Nozzles |
| Section/Swath Control | Precision Upgrade Kit |

The equipment is: New Used Purchase Price \$
(components):

I certify the following:

1. The equipment is capable of applying nutrient at variable rates based on automatic data input from maps or optical sensors; and the components are necessary for variable rate nutrient application.
2. For used equipment, all wear items meet or exceed manufacturer's guidelines for wear replacement parts.
3. The purchase agreement includes setup by a qualified representative of the dealership.
4. I have no conflict of interest as defined by the REAP Guidelines.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 P.A.C.S.A §4904, relating to unsworn falsification to authorities.

Dealer Representative Printed Name for Company Name

Dealer Representative Signature Phone Number Date

Applicant Certification

I certify that the equipment described above will be:

1. Utilized to apply nutrients at variable rates across crop fields in accordance with data input from maps or optical sensors.
2. Maintained for the designated lifespan of the equipment, which is 3 years.
3. Utilized by the owner/operator on an agricultural operation that is identified in this application.

I understand that REAP-eligible costs will be capped at \$80,000 per precision nutrient application equipment purchase and at \$80,000 per PUK purchase.

I understand that precision components on manure spreaders and granular fertilizer carts are not eligible for REAP tax credits.

I understand that autosteer is not eligible for REAP tax credits.

I agree to allow inspections by the State Conservation Commission, its staff, or agents thereof to ensure that my operation is maintaining the equipment for its REAP lifespan; and is utilizing the equipment as intended by the Commission.

I agree to provide to the SCC the information requested below concerning my operation.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 P.A.C.S.A §4904, relating to unsworn falsification to authorities.

Please provide the following information:

Acres planted no-till annually: _____ acres

Acres of cover crops planted annually: _____ acres

Acres that receive automated precision application of nutrients annually: _____ acres

Applicant Name Applicant Signature date



REAP Drone Equipment Certification

For more information, refer to REAP Guidelines Att 2

Dealer Certification

Equipment Information

Model Year _____ Make & Model _____

Serial Number(if applicable) _____

The equipment is: New* Used	Purchase Price \$ _____
*demo equipment is considered "new"	Delivery Date/Expected Delivery Date _____

I certify that the drone planting equipment described above meets the following conditions:

1. The equipment is capable of broadcasting cover crop seeds; including multi-species cover crop mixes.
2. For used equipment, all wear items meet or exceed manufacturer's guidelines for wear replacement parts.
3. The purchase agreement includes setup by a qualified representative of the dealership.
4. I have no conflict of interest as defined by the REAP Guidelines.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 P.A.C.S.A §4904, relating to unsworn falsification to authorities.

Dealer Representative Printed Name	for	Company Name
Dealer Representative Signature	Phone Number	Date

Applicant Certification

I certify that the drone equipment described above will be:

1. Utilized consistent with the provisions of a current Ag E&S plan.
2. Maintained for the designated lifespan of the equipment (7 years for new equipment and 3 years for used equipment).
3. Utilized on an agricultural operation that is identified in this application.

I understand that REAP-eligible costs will be capped at \$20,000 per drone.

I agree to allow inspections by the State Conservation Commission, its staff, or agents thereof to ensure that my operation is maintaining the equipment for its REAP lifespan; and is utilizing the equipment as intended by the Commission.

I agree to provide to the SCC the information requested below concerning my operation.

I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 P.A.C.S.A §4904, relating to unsworn falsification to authorities.

Please provide the following:

Acres planted no-till annually:	_____ acres
Acres of cover crops planted annually:	_____ acres
Acres that receive automated precision application of nutrients annually:	_____ acres

Applicant Name	Signature _____ date _____
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REAP Cover Crop Worksheet

For more information, refer to REAP Guidelines Att 3

Cover crops are annual crops that are planted in crop fields to reduce erosion, control weeds, use excess nutrients, and to increase organic matter levels of the soil.

- 1 REAP-eligible costs for single-species cover crop is capped at \$50/ac. REAP-eligible costs for multi-species cover crop is capped at \$70/ac.
 - * REAP-eligible cost for seed grown on the applicant's operation is capped at \$12/bu.
- 2 To qualify as a multi-species cover crop, the seed mix must consist of annual grass species plus a minimum of 2 broadleaf species; in which the cumulative seeding rate of the grass species does not exceed 1.5 bu/ac; and includes a minimum of 5 lbs/ac of each of the broadleaf species.
- 3 Total REAP-eligible costs are capped at \$70,000 per applicant per round.
- 4 Crops that are mechanically harvested for grain or forage are not eligible for REAP tax credits.

Please submit the following with invoices/receipts upon completion of planting each cover crop season.

Planting Information:

Acres	Single Species	Multi-Species	Planting Date	(Est.) Planting Date & Method (drill, broadcast, drone)	(Est.) Termination Date & Method (herbicide, roller/crimper)

Additional Notes (if necessary):

Applicant Certification: *(subject to spot-check by State Conservation Commission)*

I certify the following:

1. _____ acres (total) of cover crops were planted on the locations covered by this job sheet.
2. No other public funds were received for the cover crops listed in this REAP application.

- * I agree to allow inspections by the State Conservation Commission, its staff, or agents thereof to verify that the cover crops planted by the REAP applicant meet the definition and intent for the BMP as set forth in the REAP Guidelines.
- * I affirm the information provided on this form is true and correct; and make these statements subject to the penalties of 18 PA.C.S.A 4904, relating to unsworn falsification to authorities.
- * I affirm the information submitted in the receipts/invoices (submitted upon completion of planting) is true and correct; and make these statements subject to the penalties of 18 PA.C.S.A 4904, relating to unsworn falsification to authorities.

Signature Date



REAP BMP Project Completion Certification

APPLICANT NAME:	REAP ID #(if applicable):
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BMP(s) certified as complete for the REAP Program:

There is no need to complete this form if certification for the BMPs is provided by another funding program. Please include copies of those certification forms in your REAP application.
 Please provide appropriate units of measure for each BMP installed. (e.g. ft, sq ft, cu ft, acres, etc.)

BMP:	Units installed:	BMP:	Units installed:

Complete the appropriate certification below:

BMP Completion Certification - Conservation District or NRCS

I certify the following:
 To the best of my knowledge, the BMP(s) listed above have been installed to meet the requirements of the REAP Program Guidelines; and that the project design meets or exceeds the design standards and specifications set forth by the Commission.
 I have the appropriate job approval authority from NRCS; or authority from the Commission (if applicable), to certify this project.
 I have no conflict of interest as defined by the REAP Guidelines.

Name (printed)	Title/Organization
Signature	Date

~OR~

BMP Completion Certification - Registered Professional Engineer

I certify the following:
 To the best of my knowledge, the BMP(s) listed above have been installed to meet the requirements of the REAP Program Guidelines; and that the project design meets or exceeds the design standards and specifications set forth by the Commission
 I have no conflict of interest as defined by the REAP Guidelines.

Name (printed)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>Registered Professional Engineer's Seal</p>
Title/Organization	
Signature	
Date	



REAP Sponsorship Addendum Agreement

Owner/Operator Certification

By signing below, I certify the following:

- 1 To the best of my knowledge, the BMP project meets the eligibility requirements set forth in the REAP Guidelines.
- 2 To the best of my knowledge, my operation meets the eligibility requirements set forth in the REAP Guidelines.
- 3 To the best of my knowledge, _____, acting as a sponsor for this project through the PA REAP Program, is eligible to receive PA REAP tax credits upon completion of the BMP project.
- 4 An agreement exists between the sponsor and the owner/operator regarding financial reimbursement for the REAP tax credits (e.g. the sponsor pays invoices directly or the sponsor reimburses the owner/operator).
- 5 I understand that I, the owner/operator, am solely responsible to comply with all the provisions of the PA Resource Enhancement and Protection Tax Credit Program; and that I am considered the "property owner" for purposes of compliance with provisions set forth in section 1703-E of the REAP statute (72 P.S. § 8703-E).
- 6 I understand that I, the owner/operator, am solely responsible for maintenance of the project for the entire REAP lifespan of the BMP.
- 7 I understand that I, the owner/operator, am ineligible to receive PA REAP tax credits for costs associated with the implementation of the same project.
- 8 I understand that all projects authorized through the PA REAP Program may be subject to inspection by the Commission.

Owner/Operator Name

Signature

date

Sponsor Certification

By signing below, I certify the following:

- 1 To the best of my knowledge, I understand that I, acting as a sponsor for this project through the PA REAP Program, meet the Commission's definition of an "eligible applicant" set forth in section 1702-E of the REAP statute.
- 2 An agreement exists between the sponsor and the owner/operator regarding financial reimbursement for the REAP tax credits (e.g. the sponsor pays invoices directly or the sponsor reimburses the owner/operator).
- 3 I understand that REAP tax credits are awarded upon the completion of the project.
- 4 I understand that funding reserved for proposed project is based on estimates; and the final amount awarded will be based on invoices and receipts submitted upon completion of the project.
- 5 I understand that the owner/operator of the BMP project is solely responsible for maintenance of the project for the entire REAP lifespan of the BMP.

Sponsor Name

Signature

date