

**APPLICATION FORM
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM**

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.): _____

Have you completed the required pre-application meeting with a District Representative? Yes No

Does your operation have any of the following **current and verifiable** plans, if yes, provide date of plan
**This is a program requirement, please identify all that apply. Current plan is considered 5 years and newer*

Manure Management Plan (MMP)	Date of plan: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrient Management Plan (NMP)	Date of plan: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manure Management Plan (MMP)	Date of plan: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
NRCS 590 Plan	Date of plan: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ag Erosion & Sedimentation Plan	Date of plan: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conservation Plan	Date of plan: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive Nutrient Mgmt. Plan	Date of plan: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 the proposed project require any permits? Yes No If yes, please identify: _____

Is the applicant a United States veteran or currently serving in the military? Yes No

Is the applicant a new and beginning farmer (farming less than 10 years) Yes No

Section 2: Financial Information

Enter the proposed funding and its sources below

Amount of ACAP Funds Requested	\$
Amount of REAP Funds Anticipated	\$
Amount of AgriLink/Commercial Loan or Farmer Financed	\$
Amount of Other Funds	\$
Source of Other Funds:	\$
Total Amount for Project	\$

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.

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
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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:

Luzerne Conservation District
325 Smith's Pond Road
Shavertown, PA 18708
acap@luzernecd.org