

**PRE-APPLICATION FORM  
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM**

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**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.): \_\_\_\_\_

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: _____	Yes ___ No
Nutrient Management Plan (NMP)	Date of plan: _____	Yes ___ No
Manure Management Plan (MMP)	Date of plan: _____	Yes ___ No
NRCS 590 Plan	Date of plan: _____	Yes ___ No
Ag Erosion & Sedimentation Plan	Date of plan: _____	Yes ___ No
Conservation Plan	Date of plan: _____	Yes ___ No
Comprehensive Nutrient Mgmt. Plan	Date of plan: _____	Yes ___ No

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

Is your ACA contributing to a resource concern or have a direct connection to a water source?

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

This pre-application form serves as a method to gather general information about the potential project and to arrange for a site visit where we will gather more information and work jointly with the program participant to ensure that the application they submit is in the best interest of both entities. The pre-application meeting allows the district to provide input on the potential project at an early stage before the program participant has invested a large amount of time and resources in developing an application.

Please provide a brief project description: \_\_\_\_\_

Please indicate the best days and time to arrange a site visit, between Monday - Friday 7 a.m. - 3 p.m.  
\_\_\_\_\_

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**Section 2: Grantee Signature**

I hereby request ACAP funding assistance for the operation identified above

Grantee: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section 3: 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: \_\_\_\_\_

**Complete applications will be accepted at the Luzerne Conservation District office.**