

**APPLICATION FORM
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM**

Section 1: Applicant Information

Landowner: _____ Operator: _____

Farm Name: _____ Operator Address: _____

Farm Address: _____

Operator 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? ____ Yes ____ No

If yes, please list date of plan: _____

Does your operation have a CURRENT AND VERIFIABLE Ag E&S/Conservation Plan?

____ 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: The Bedford County Conservation District, in consultation with the State Conservation Commission, has determined to award cost share up to 90% of the total cost of the 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.

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
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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:

Bedford County Conservation District

702 West Pitt Street

Bedford, Pa 15522