

CAMBRIA COUNTY CONSERVATION DISTRICT

AGRICULTURE CONSERVATION ASSISTANCE PROGRAM APPLICATION

Section 1: Applicant Information

Applicant Name:
Landowner/Operator (if different from applicant):
Farm Name: Mailing Address:
Tax ID:
Farm Address: Email:
Telephone:
Farm Acres: Cropland Acres: FSA Tract No.
Type of Operation (livestock, dairy, poultry, crop, etc.):

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

Does your operation have a current and verifiable Ag E&S and/or Conservation Plan? Yes No
If yes, please list type of plan and date:

Does your operation have a current and verifiable NMP/MMP/NRCS 590? Yes No
If yes, please list type of plan and date:

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

Does your operation's land contain karst (limestone) geology? Yes No

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 combination of ACAP, EQIP, 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 EQIP, etc.):

Amount of AgriLink/Commercial Loan or Farmer Financed:

Amount of Other/REAP 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, CP or Ag E&S plan:

Complete Project Work Plan, Attachment B, and attach additional pages if necessary.

Section 4: Required Items

- Detailed Estimated Project Expenditures
- Plan Verification Form
- Project Work Plan (Plan Drawing, Location Map, Aerial Map, and/or Before Project Photos)
- Copies of USDA NRCS plans, designs and/or EQIP contracts and corresponding Release of Records form, if applicable

Section 5: Signature

I hereby request ACAP funding for the farm identified above.

Applicant Signature: _____ Date: _____

Section 6: Conservation District Use Only

Date Received: _____ ACAP only ACAP and other funding

Number Assigned to Project: _____

Accepted by (signature): _____ Date: _____

Name: _____ Title: _____

Eligibility Determination Date: _____ Determination: Eligible Not Eligible

If not eligible, state reason: _____

If eligible, amount of funding granted: _____

District Board Approval Date: _____

Board Signature or Authorized Representative: _____
