

# GREENE County ACAP Application Eligibility Form

Section 1: Applicant Information			
<b>Name:</b>		<b>Application Date:</b>	
<b>Mailing Address:</b>		<b>Phone #:</b>	
		<b>Farm Address:</b>	
<b>Farm #:</b>			
<b>Tract #:</b>		<b>Email:</b>	
<b>Tax ID:</b>		<b>Cropland Acres:</b>	
<b>Farm Acres:</b>		<b>Type of Operation:</b>	
(To be completed by staff based on application and supplemental information)			
<b>Is the landowner and/or operator holding a seat as a Conservation District Board Member?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Program Eligibility					
1.	Is the applicant a Conservation District Cooperator?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.	Is it a farming operation? (as defined in 63 CSR 1)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.	Is the applicant the landowner and/or operator?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If the applicant is an operator, please check one of the following below:				
	<input type="checkbox"/> copy of the lease				
4.	<input type="checkbox"/> producer information agreement that shows control of the land for the length of the contract				
5.	Is there documentation to support the development of a Contract? (Maps, soil test, etc.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.	Is there a Comprehensive Nutrient Management Plan/ Manure Mgmt Plan? (If applicable)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7.	Are there any Animal Concentration Areas (ACAs) in the operation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If applicable to the above question;				
8.	Is the ACA contributing to a resource concern or have direct connectivity to water sources?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9.	Have you completed the required pre-application meeting with a District Representative?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 a combination of ACAP, EQUIP, 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 REAP, EQUIP, etc.): \_\_\_\_\_

Amount of AgriLink/Commercial Loan or Farmer Financed: \_\_\_\_\_

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

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

---

**Section 4: Attachment Checklist**

Detailed Estimated Project Expenditures (Attachment A)

Plan Verification Form (Attachment B)

Project Work Plan (Plan Drawing, Map and or Aerial Map, Attachment C)

Project Photos Before Construction

District Cooperator Form (Attachment D)

USDA NRCS Authorization for Release of Records, if applicable (Attachment E, NRCS Form)

**Section 5: Signature**

I hereby request ACAP funding for the farm identified above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed application by mail, fax, e-mail, or in person to the following:**

22 W. High Street  
Suite 204  
Waynesburg, PA 15370  
Fax (724) 852-5341  
e-mail: [gccd@co.greene.pa.us](mailto:gccd@co.greene.pa.us)

**If you have any more questions regarding the ACAP program, please call us at (724) 852-5278**


---

## ATTACHMENT A: ACAP DETAILED ESTIMATED PROJECT EXPENDITURES

Use best estimates and complete as much information as possible.

### GRANT REQUESTED FUNDS

Materials				Equipment				Labor			
Type	Unit Cost	Qty	Cost \$	Type	Hours	Rate/ Hr	Cost \$	Type	Rate/ Hr	Hours	Cost \$
<b>Total Materials \$</b>				<b>Total Equipment \$</b>				<b>Total Labor \$</b>			

\*Prevailing wage may apply to projects over \$25,000 when a contractor is involved.

Total Grant Requested: \$ \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Farm Name (if applicable)

\_\_\_\_\_  
Date

## IN-KIND FUNDS

Materials				Equipment				Labor			
Type	Unit Cost	Qty	Cost \$	Type	Hours	Rate/ Hr	Cost \$	Type	Rate/ Hr	Hours	Cost \$
<b>Total Materials \$</b>				<b>Total Equipment \$</b>				<b>Total Labor \$</b>			

\*Prevailing wage may apply to projects over \$25,000 when a contractor is involved.

Total In-Kind Requested: \$ \_\_\_\_\_

\_\_\_\_\_

Applicant

\_\_\_\_\_

Farm Name (if applicable)

\_\_\_\_\_

Date

## VERIFICATION FORM

**Verification on Conservation Plans must be made by a NRCS certified conservation planner. Verification on Nutrient Management Plans must be made by an Act 38 certified planner/reviewer. Verification on Ag E&S, Grazing and Manure Management Plans may be made by any qualified individual that has acquired enough knowledge in the respective program to certify that the plans are correct and complete.**

### A. Conservation and Agricultural E & S Plans

Conservation Plan     Agricultural E&S Plan     Conservation Plan  
 N/A

I affirm that I have reviewed the operational Conservation/Ag E&S Plan(s), and after due diligence and inquiry I hereby affirm the plans to be true and correct to the best of my knowledge, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME OF PERSON VERIFYING THIS APPLICATION: (printed)

TITLE:

NAME OF ORGANIZATION OR BUSINESS:

PHONE NUMBER:

VERIFICATION SIGNATURE:

### B. Nutrient Management Plan and Manure Management Plan

NMP     MMP     N/A

I affirm that I have reviewed the operational Nutrient Management Plan/Manure Management Plan, and after due diligence and inquiry I hereby affirm the plans to be true and correct to the best of my knowledge, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME OF PERSON VERIFYING THIS APPLICATION: (printed)

TITLE:

NAME OF ORGANIZATION OR BUSINESS:

PHONE NUMBER:

VERIFICATION SIGNATURE:

### C. BMP's Included in ACAP application are contained in one of the above stated plans?

YES     NO

## ATTACHMENT C: ACAP PROJECT WORK PLAN

---

---

Applicant

---

Farm Name (if applicable)

---

Date

**Instructions:**

Draw a sketch of the proposed project that includes:

- All proposed projects and their locations.
- All existing roads, buildings, animal lots, cattle lanes, farm roads, streams, springs, wells, lakes, ponds, surface water runoff (path, flow direction), wetlands, existing fences, property lines, manure storage areas.
- Known Utilities
- North Arrow
- Attach additional project details as necessary.

**\*Dial 8-1-1 or 1-800-242-1776 not less than 3 nor more than 10 business days prior to the start of excavation.**

# REQUEST FOR CONSERVATION DISTRICT ASSISTANCE



RETURN TO: Greene County Conservation District  
22 West High Street, Suite 204  
Waynesburg, PA 15370  
724-852-5278  
Fax: 724-852-5341

The undersigned requests the resource conservation assistance checked on the reverse side of this form for the area identified as:

\_\_\_\_\_  
(Name of Farm or Land Tract)  
Comprising \_\_\_\_\_ in \_\_\_\_\_  
(Acres) (Township) (County)

It is agreed that I/we will cooperate with the district and its cooperating agencies and make every reasonable effort within the limits of my/our abilities and resources to plan and develop the area identified herein for the intended use following the principles of sound resource management. When the information provided is used in documents published by others, credit will be given to the district and/or the appropriate cooperating agency for the data provided. This agreement may be terminated upon written notice by the applicant or the district.

### ***Applicant:***

\_\_\_\_\_  
(Please Print)  
\_\_\_\_\_  
(Street, P. O. Box or R. D. Number) (Email)  
\_\_\_\_\_  
(City) (State) (Zip) (Home Phone Number)  
\_\_\_\_\_  
(Signature of Applicant/Agent) (Title) (Date)

### **DISTRICT APPROVAL AND PRIORITY**

This request has been approved and recorded at a meeting of the District Board. The District agrees to provide technical assistance within their authority, policies and resources.

\_\_\_\_\_  
(Date) (District Official) (Title)



Please complete the appropriate sections to assist the district in setting a priority for your request.

I. Directions for locating the property: \_\_\_\_\_

\_\_\_\_\_

Name of previous owner, if property was recently secured: \_\_\_\_\_

\_\_\_\_\_

Date assistance is desired: \_\_\_\_\_  
(Month) (Year)

II. Type of Assistance Desired (Check appropriate items)

**A. Units of Government Resources and Land Use of Planning**

<input type="checkbox"/> Soil Surveys & Interpretations	<input type="checkbox"/> Surface Water Management
<input type="checkbox"/> Flood Plain Delineations	<input type="checkbox"/> Subdivision Reviews
<input type="checkbox"/> Erosion & Sedimentation Control Plan Reviews	<input type="checkbox"/> Site Inventory & Evaluation

**B. Landowners (Farmers, Developers, etc.) Conservation Planning**

<input type="checkbox"/> Cropland Management	<input type="checkbox"/> Streambank Protection/Ag Crossing
<input type="checkbox"/> Grassland Management	<input type="checkbox"/> Surface Water Control
<input type="checkbox"/> Erosion and Sedimentation Control	<input type="checkbox"/> Woodland Management
<input type="checkbox"/> Agricultural Waste Management	<input type="checkbox"/> Irrigation System
<input type="checkbox"/> Livestock Watering Facility	<input type="checkbox"/> Recreation Area Development
<input type="checkbox"/> Drainage System Location & Design	<input type="checkbox"/> Wildlife Habitat Management
<input type="checkbox"/> Planned Grazing System	<input type="checkbox"/> Other _____

III. Type of Land Use or Enterprise

A. Non-farmer

Present Land Use \_\_\_\_\_ Planned Land Use \_\_\_\_\_  
(Residential, Recreation, Woodland, Wildlife Land, Wetlands, Natural Area, Surface Mine Area, etc.)

B. Farmer \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Type of Farm Enterprise \_\_\_\_\_  
(Dairy, Grain, Beef, Sheep, etc.)

Major Crops \_\_\_\_\_  
(Corn, Vegetables, Grass, etc.)

Acres (Optional)

<input type="checkbox"/> Continuous Row Crops	<input type="checkbox"/> Pasture Land
<input type="checkbox"/> Crops Rotated with Hay	<input type="checkbox"/> Woodland
<input type="checkbox"/> Total Cropland	<input type="checkbox"/> Wildlife Land
<input type="checkbox"/> Permanent Hay	<input type="checkbox"/> Recreation Land

### Customer Record Request

**NRCS maintains Landowner, Operator, Producer, Cooperator, and Participant Files in a System of Records. These records are protected from disclosure by the Privacy Act of 1974, as amended (5 U.S.C. § 552a) and Section 1619 of the 2008 Farm Bill (7 USC § 8791). Customer case files are confidential and can only be accessed by the customer/program participant.**

**Customers/program participants are allowed to share their information directly with third parties or entities outside of USDA. Pennsylvania USDA-NRCS customers who wish to share their customer records with third parties or outside entities can use this form to request copies of records contained in their official customer file.**

**Release of customer/program participant information to any third party is not a condition of USDA participation, nor do customers need to complete a records request to participate in any USDA program.**

To: United States Department of Agriculture (USDA), Natural Resources Conservation Service (NRCS)  
From (Individual and/or Farm Name):

Mailing Address:

Farm Address:

I request copies of the records from my files, as listed:

I&E, Conservation Plan, Contact Information, Funding Information, Contract

All shall be communicated to the Indiana County Conservation District for opportunities within the

ACAP Program

Delivery method for records (check box):

Pick up at the NRCS field office

Mailed through the US Postal Service

Electronic mail (please provide e-mail address): \_\_\_\_\_

If multiple individuals make up a larger customer entity all individuals of the entity must sign. (For additional individuals please attach an additional sheet).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

(Please Print)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

(Please Print)

NRCS Reviewer Signature: \_\_\_\_\_ Date Delivered: \_\_\_\_\_