

**APPLICATION FORM (MONTGOMERY COUNTY, PA)  
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM**

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Complete applications will be accepted at the following conservation district offices or designated agent: **Montgomery County Conservation District, attn: Abigail Reiter, [areiter@montgomeryconservation.org](mailto:areiter@montgomeryconservation.org) or (610) 489-4506 x24**

**Application Assistance is available:** Please contact Abigail Reiter, contact information above

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**Section 1: Applicant Information**

Landowner: \_\_\_\_\_ Operator: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Farm Acres: \_\_\_\_\_ Cropland Acres: \_\_\_\_\_ FSA Tract No.(if applicable) \_\_\_\_\_

Type of Operation (livestock, dairy, poultry, crop, etc.): \_\_\_\_\_

Does your operation have a CURRENT AND VERIFIABLE

- Nutrient Management Plan (NMP)
- Manure Management Plan (MMP)
- NRCS 590 Plan

\_\_\_\_\_ Yes \_\_\_\_\_ No (Indicate which type of plan)

If yes, please list date of plan: \_\_\_\_\_

Does your operation have a CURRENT AND VERIFIABLE

- Ag E&S
- Conservation Plan?

\_\_\_\_\_ Yes \_\_\_\_\_ No (Indicate which type of plan)

If yes, please list date of plan: \_\_\_\_\_

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

**Animal Concentration Areas:** barnyards, feedlots, loafing areas, exercise lots or other similar animal confinement areas that will not maintain a growing crop.

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

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**Section 2: Financial Information**

Enter the proposed funding and its sources below.

Montgomery County Conservation District will be reimbursing up to 90% of eligible project costs through the ACAP Program. If an eligible applicant hires a private sector consultant, engineering and associated planning costs for the project may be included as an eligible cost, up to an additional 10% of the estimated project cost. Prevailing wage is a requirement of this program for any projects that cost \$25,000 or more. Please factor in prevailing wage rates for all contracted labor.

**Amount of ACAP Grant Funds Requested:** \_\_\_\_\_

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Amount of REAP Funds Anticipated: \_\_\_\_\_

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

Amount of EQIP Funds: \_\_\_\_\_

Amount of producer match: \_\_\_\_\_

Amount of Other Funds (please indicate source): \_\_\_\_\_

**TOTAL PROJECT COST:** \_\_\_\_\_

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**Section 3: Attachment Checklist**

- Project Description
  - Project Cost Estimate
  - Plan Verification Form (as applicable, for existing agricultural plans such as: Manure Management Plan, Agricultural Erosion and Sediment Control Plan, Conservation Plan, Nutrient Management Plan, NRCS 590 Plan)
  - Operation Maps including Aerial Imagery, Soils and project location (project locations may be hand drawn) Agricultural Plan maps can be used to fulfill this required attachment - assistance can be provided in creating and compiling required maps
  - Project Photos Before Construction
  - USDA NRCS Authorization for Release of Records, if applicable
  - (Optional) Existing Agricultural Plans (Manure Management Plan, Agricultural Erosion and Sediment Control Plan, Conservation Plan, Nutrient Management Plan, NRCS 590 Plan)
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**Section 4: Grantee Signature**

I hereby request ACAP Funding assistance for the operation identified above.

Applicant: \_\_\_\_\_

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

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**Section 5: Conservation District Use Only**

Date received: \_\_\_\_\_

Accepted by(signature): \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Has a site visit been conducted by CD or NRCS? List date of visit \_\_\_\_\_

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: \_\_\_\_\_

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## 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 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     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

### 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:

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: \_\_\_\_\_