

**APPLICATION FORM
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM (ACAP)**

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 a *Current and verifiable* Ag E&S/Conservation Plan/NMP/MMP/NRCS 590?

_____ Yes _____ No If yes, please list Type _____ and Date: _____

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

Section 2: Grantee Signature

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

Grantee: _____ Date: _____

I acknowledge that I will be financially responsible for 15% of the project cost.

Initials: _____

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: _____

If eligible, amount of funding granted: _____

District Board Approval Date: _____

Board Signature or Authorized Representative: _____

Complete applications will be accepted at the Bradford County Conservation District office.