

**APPLICATION FORM  
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM**

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**Section 1: Applicant Information**

Landowner: \_\_\_\_\_ Operator: \_\_\_\_\_  
Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_  
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 NMP/MMP/NRCS 590? (Circle one)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

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

Does your operation have a CURRENT AND VERIFIABLE Ag E&S/Conservation Plan? (Circle one)  
\_\_\_\_\_ 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

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**Section 2: Financial Information**

Enter the proposed funding and its sources below.

Note: 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. Please consult with the participating districts on what the cost-share rate is before completing the application. 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:** \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**Complete applications will be accepted at the following conservation district office or designated agent: McKean County Conservation District, 17137 Route 6, Smethport, PA 16749.**