

**APPLICATION FORM  
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM**

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**Section 1: Applicant Information**

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

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

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

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

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

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**Section 2: Financial Information**

Enter the proposed funding and its sources below.

The cost share percentage will be up to an 85% ACAP funding and 15% landowner match. ACAP is a reimbursement program, reimbursing the applicant at the completion of the project.

Other funding programs, such as the Environmental Quality Incentives Program (EQIP) through the Natural Resource Conservation Service (NRCS) can be utilized and can count towards the 15% landowner match requirements.

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

Amount of EQIP 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
- 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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**Please submit completed applications to the following: Armstrong Conservation District, 120 S. Grant Avenue, Suite 2, Kittanning, PA 16201. If you need assistance filling out an application, please contact Jessica Schaub at 724-545-3628 to schedule an appointment.**