

**APPLICATION FORM
CONSERVATION EXCELLENCE GRANT PROGRAM**

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 VERIFIABLE NMP/MMP/NRCS 590? _____ Yes _____ No

If yes, please list date of plan: _____

Does your operation have a VERIFIABLE Ag E&S/Conservation Plan? _____ Yes _____ No

If yes, please list date of plan: _____

Stream Name and Chapter 93 Designation: _____

Section 2: *Financial Considerations*

Indicate how the project will be funded by checking the correct box and entering the financial information.

Check one:

- ☐ Project to be funded by grant only (project cost estimate must be less than \$25,000)
- ☐ Project to be funded by combination of grant, REAP, AgriLink/Commercial Loan, Farmer Financed or Other Funds (grant request shall not exceed \$250,000)

Note: Lancaster and York County, in consultation with the Commission has determined to award cost share up to 75% of the estimated construction cost of the project. 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 CEG 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: _____

Section 3: Attachment Checklist

- ☐ Project Description
- ☐ Project Cost Estimate
- ☐ Plan Verification Form
- ☐ Plan Map or Aerial Map of Property
- ☐ Project Photos Before Construction
- ☐ District Cooperator Form, if applicable
- ☐ USDA NRCS Authorization for Release of Records, if applicable

Section 4: Grantee Signature

I hereby request CEG Funding assistance for the farm identified above.

Grantee: _____ Date: _____

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: _____

Complete applications will be accepted at:

Lancaster County Conservation District
1383 Arcadia Road, Room 200
Lancaster, PA 17601

York County Conservation District
2401 Pleasant Valley Road
Suite #101 Room #139
York, PA 17402

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: