

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

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**Section 1: Applicant Information**

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

Tax Parcel(s): \_\_\_\_\_

Landowner(s) as listed on tax parcel: \_\_\_\_\_

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

Landowner telephone: \_\_\_\_\_

Operator information (if different from the landowner)

Operator name: \_\_\_\_\_

Operator Address:

\_\_\_\_\_  
\_\_\_\_\_

Operator telephone: \_\_\_\_\_

**Section 2: Farm Information**

Farm Acres: \_\_\_\_\_ Cropland Acres: \_\_\_\_\_

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

Animal numbers (broken into animal groups): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your operation have a current and verifiable manure plan (Nutrient Management, Manure Management, or NRCS 590 plan)? No: \_\_\_\_ Yes: \_\_\_\_ Date of plan: \_\_\_\_\_

Does your operation have a current and verifiable Ag Erosion & Sedimentation/NRCS Conservation Plan? No: \_\_\_\_ Yes: \_\_\_\_ Date of plan: \_\_\_\_\_

What are the current resource concerns on your farm? (i.e., daily manure hauling, gully erosion in crop field, cattle in the creek, runoff from barnyard area, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Is your ACA contributing to a resource concern or have direct connectivity to a water source?  
No: \_\_\_\_ Yes: \_\_\_\_

If yes, will the proposed project address the ACAs? No: \_\_\_\_ Yes: \_\_\_\_

Does your operation's land contain karst (limestone) geology? No: \_\_\_\_ Yes: \_\_\_\_ Not sure: \_\_\_\_

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### **Section 3: Project Information**

Project description (tell us what you'd like to accomplish with this project): \_\_\_\_\_

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Best Management Practices you plan to install to accomplish these goals (check all that apply):

- Manure storage – indicate which type  Liquid  Solid
- Silage leachate system
- Roofed heavy use area
- Concrete heavy use area
- Roof runoff structures – indicate which type  Gutters  Drip line drain  Not sure
- Rotational grazing system (please note – you need to have an NRCS approved plan for this practice) – indicate elements needed  Exterior fence  Interior fence
- Watering facilities  Streambank fence
- Streambank fencing
- Stabilized cattle crossing
- Off-stream watering system
- Diversion
- Subsurface drain
- Terrace
- Other – please describe: \_\_\_\_\_

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Do you agree to install the above practices according to design and construction standards approved by the State Conservation Commission? No: \_\_\_\_ Yes: \_\_\_\_

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**Section 4: Financial Information**

Enter the proposed funding and its sources below.

Amount of ACAP grant funds requested: \$ \_\_\_\_\_

Are you willing to accept partial funding? No: \_\_\_\_\_ Yes: \_\_\_\_\_

Amount of other funding (check all that apply and indicate amounts if known):

NRCS: \$ \_\_\_\_\_  Awarded  Applied for  Intend to apply for

Private funds (Western PA Conservancy, Chesapeake Conservancy, etc. Please indicate):

Source: \_\_\_\_\_

\$ \_\_\_\_\_  Awarded  Applied for  Intend to apply for

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

Amount of AgriLink/Commercial Loan: \$ \_\_\_\_\_

Amount of Farmer paid cost share: \$ \_\_\_\_\_  
(10% required)

**TOTAL AMOUNT FOR PROJECT:** \$ \_\_\_\_\_

Do you agree to comply with prevailing wage and bidding requirements as applicable? No: \_\_\_ Yes: \_\_\_

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**Section 5: Attachment Checklist**

Project Cost Estimate

Plan Verification Form

Plan Maps (including aerial imagery and proposed project site(s))

Project Photos Before Construction

USDA NRCS Authorization for Release of Records, if applicable

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**Section 6: Applicant Signature**

I hereby request ACAP Funding assistance for the operation identified above and agree to proceed with a project if awarded by signing a formal landowner agreement or decline funding within 60 days of award notification.

Applicant:

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

Print: \_\_\_\_\_

Legal landowner (if different than the applicant):

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

Print: \_\_\_\_\_

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**Section 7: 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 Huntingdon County Conservation District office:**

**Email:** [manager@huntingdonconservation.org](mailto:manager@huntingdonconservation.org) (Subject: ACAP APPLICATION)

**Mail:** 10605 Raystown Road - Suite A  
Huntingdon, PA 16652

**In-person:** Office hours are 8:30-4:00, Monday-Friday. Closed on Federal Holidays. In cases of inclement weather, please call ahead.

**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.

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NAME OF PERSON VERIFYING THIS APPLICATION: (printed)

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TITLE:

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NAME OF ORGANIZATION OR BUSINESS:

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PHONE NUMBER:

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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.

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NAME OF PERSON VERIFYING THIS APPLICATION: (printed)

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TITLE:

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NAME OF ORGANIZATION OR BUSINESS:

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PHONE NUMBER:

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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: IDENTIFY DOCUMENTS/RECORDS

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): \_\_\_\_\_

Acknowledge and authorize NRCS to provide the identified records to (IDENTIFY ENTITY) as outlined as an official NRCS business process

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: \_\_\_\_\_