

# PACD Ag Plan Reimbursement Program

Please read the reimbursement program guidelines prior to submitting your application. Please complete this application and return it via email to Holly Miller at [hmiller@pacd.org](mailto:hmiller@pacd.org).

The deadline to apply is June 30, 2024

## GRANTEE CONTACT INFORMATION:

Conservation District Responsible for Grant Activities:

Project Leader:

Project Leader Title:

Telephone:

E-mail:

## LANDOWNER/OPERATOR INFORMATION:

Landowner/Operator:

Farm Name:

Mailing Address:

Farm Address (if different from mailing address):

County:

Planner Name/Company:

Planner Phone/Email:

## FARM INFORMATION:

Which watershed is the property located?  Chesapeake Bay  
 Delaware  
 Ohio

Does your land include plowable or tillable acres? (Including no-till)	<input type="checkbox"/> Yes (If Yes, Ag E&S Plan is required)
	<input type="checkbox"/> No
Do you have Animal Heavy Use Areas $\geq$ 5000 sq. ft?	<input type="checkbox"/> Yes (If Yes, Ag E&S Plan is required)
	<input type="checkbox"/> No

Do you own or manage livestock or poultry?	<input type="checkbox"/> Yes (If Yes, Manure Management Plan is required) <input type="checkbox"/> No
Do you land apply manure or agricultural wastewater?	<input type="checkbox"/> Yes (If Yes, Manure Management Plan is required) <input type="checkbox"/> No
Do you have a pasture and/or Animal Concentration Area?	<input type="checkbox"/> Yes (If Yes, Manure Management Plan is required) <input type="checkbox"/> No
Have you received reimbursement for these acres through the DEP Ag Plan Reimbursement Program before?	<input type="checkbox"/> Yes (If Yes, these acres are not eligible for reimbursement) <input type="checkbox"/> No

Cropland Acres:
Pasture Acres:
Farmstead Acres:
<b>Total Acres Eligible for Reimbursement:</b>

Comments:
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## AGRICULTURAL PLANNING INFORMATION:

Agricultural Planning Information	Plan does not apply to this operation	Plan is current and existing for this operation	Register plan for funding reimbursement
Manure Management (Chapter 91)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrient Management (Chapter 83)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ag E&S (Chapter 102) NRCS Conservation Plan may meet this requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PROJECT BUDGET:

A budget summary of agricultural planning costs, education and outreach, data entry, reporting, and office supplies is required.

### Plan Development

Please indicate which plan(s) reimbursement will be requested	Estimated cost	Amount eligible for reimbursement <i>(Maximum is lesser of \$1,500 per plan or 80% of cost. Maximum \$6,000 per landowner/operator)</i>
Manure Management Plan		
Nutrient Management Plan		
Ag E&S Plan or Conservation Plan		
<b>Total</b>		

Other: Please provide an itemization of expenses. DO NOT SEND RECEIPTS. Keep them with your financial records, in case of audit.

Education and Outreach	
Data Entry	
Reporting	
Office Supplies (checks, postage, printing, etc.)	
<b>Total</b>	

<b>GRAND TOTAL</b>	
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## AGREEMENT:

By signing below, I verify that the information provided herein is true and correct to the best of my knowledge, information, and belief. I understand that false statements and any information obtained pursuant to this program are made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities. I hereby request to receive assistance from the PACD Agricultural Planning Reimbursement Program for the farm/operation identified above and acknowledge that any information obtained for this purpose may be subject to Pennsylvania's Right to Know Law. I certify that I have not been compensated through any other cost-share assistance, tax credit, or funding for the plans which I am registering for reimbursement under this program. By submitting this registration form, I certify that I have not previously received reimbursement from the Department of Environmental Protection (DEP) Ag Plan Reimbursement Program for plans developed for these acres and that I have an agreement to develop the above plan(s) within 90 days of registration confirmation and that I may be required to provide proof of this agreement upon request.

Signed: \_\_\_\_\_  
Landowner/Operator

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

Application submitted by: \_\_\_\_\_  
County Conservation District

Application approved by: \_\_\_\_\_  
District Manager or Board Chair

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