





Funded by AGRICULTURE CONSERVATION ASSISTANCE PROGRAM (ACAP)

Costion 1. Applicant Information				
Section 1: Applicant Information	la .			
	Operator:			
	Mailing Address:			
Mailing Address:				
	Telephone:			
Telephone:	Email:			
Email:				
Farm Address (if different): Farm Acres: Cropland Acres: Type of Operation (livestock, dairy, poultry, crop, et ls the cropland enrolled in the Westmoreland Coun	Pasture Acres: tc.): ty Agricultural Land Preservation Program?			
Plan/NRCS 590?YesYes If yes, please list date of plan:	nent funding through the PACD Ag Plan Reimbursement			
Does your operation have a CURRENT AND VERING Plan/Conservation Plan?Yes	No lent funding through the PACD Ag Plan Reimbursement			
What type of tillage equipment do you use?	_No-TillMinimal Tillage/Broadcast			
Type of Seed?Purchased from Certified Gr	owerBin-run Seed			
Do you intend to harvest and sell cover crops for pr	rofit (cash crop)?YesNo			
Have you planted cover crops in the past?	YesNo If yes, # of Years			
Have you received WCD ACAP Cover Crop funding	g in the past?YesNo If yes, # of Years			
Section 2: Financial Information *Cover crops harvested and sold for profit (cash crop) m *Seed grown by the applicant (bin-run seed) will receive *Applicants can only apply for 100 total acres. *Conventional tillage is not eligible for funding. Are you enrolled in any other cover crop programs/ (i.e. USDA NRCS, SCC REAP, etc.) YesNo				
If yes, list funding source, acreage enrolled, tract #,	& field #s.			



ACAP COVER CROP INITIATIVE REQUEST

TYPE	# OF	Tract #	Field #s	PAYMENT	FUNDING TOTAL
	ACRES			RATE	(Acres x Rate)
No-Till Single Species				\$35.00/Acre	
No-Till Multiple Species				\$45.00/Acre	
Minimal Tillage/Broadcast				\$25.00/Acre	
Single Species					
Minimal Tillage/Broadcast				\$35.00/Acre	
Multiple Species					
				TOTAL \$	
TOTAL ACRES:				REQUESTED:	

Section 3: Attachment Checklist

Included						
<u> </u>	☐ Ag Erosion and Sediment Control Plan or Conservation Plan and Manure Management or Nutrient Management Plan (If livestock, poultry, equine, or manure applications under your operational control)					
☐ If a plan listed above needs devel If seeking funding for plan writing to Reimbursement Program applicat	fees, complete the standa	•	•			
Section 4: Signatures						
I hereby request Westmoreland Conservation Cover Crop Initiative Funding for the operat (attached) and agree to follow the requirement	ion identified above. I cert ents within the program if	tify that I have read the WC I received available cover	CD ACAP Policy crop funding.			
I understand that WCD staff may contact otl sources do not apply to my cropland acres i			other funding			
Landowner Signature:		Date:	_			
Operator Signature:		Date:	_			
Section 5: Conservation District Use Only						
Date received:	_ Date completed:					
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 Representat	ive:					