

CLARION CONSERVATION DISTRICT



APPLICATION FORM  
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM (ACAP)

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**Section 1: Applicant Information**

**\*\*Cropland and livestock applications must be submitted separately.\*\***

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

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

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

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Farm Acres: \_\_\_\_\_ Cropland Acres: \_\_\_\_\_ FSA Tract No. \_\_\_\_\_

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

Does your operation have a CURRENT AND VERIFIABLE *Nutrient Management Plan / Manure Management Plan / NRCS 590* ? (Circle)

\_\_\_\_ Yes \_\_\_\_ No

If YES, date of plan: \_\_\_\_\_ Cover page of plan attached \_\_\_\_ Yes \_\_\_\_ No (verification purposes)

Date of last soil test: \_\_\_\_\_

Does your operation have a CURRENT AND VERIFIABLE *Ag Erosion & Sediment (E&S) / Conservation Plan*? (Circle)

\_\_\_\_ Yes \_\_\_\_ No

If YES, date of plan: \_\_\_\_\_ Cover page of plan attached \_\_\_\_ Yes \_\_\_\_ No (verification purposes)

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.

*Note: Each participating district, in consultation with the Commission has determined to award cost-share up to certain percentages or flat amount of the estimated construction cost of the project. Please consult with the participating districts on what the cost-share rate/amount is before completing the application. If an eligible applicant hires a private sector consultant, 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 ACAP 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:** \_\_\_\_\_

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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, if applicable
- 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 ACAP funding granted: \$ \_\_\_\_\_

District Board Approval Date: \_\_\_\_\_

Board Signature or Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

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**Completed applications will be accepted at the Clarion Conservation District office.**

249 S 2<sup>nd</sup> Ave

Clarion, PA 16214

814-297-8032