##### AGRICULTURAL PLANNING REIMBURSEMENT PROGRAM

**PLAN REIMBURSEMENT REQUEST FORM**

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| **1. General Information** |
| Landowner/Operator:      | Planner Name & Company:       |
| Mailing Address:       | Farm Address (if different from Mailing Address):       |
| County:       |
| Telephone Number:       | Land Acreage:       |
| **2. Expenditures** |
| Please indicate for which plan(s) reimbursement is requested: | DATE DEVELOPED | **FUNDS REQUESTED BY LANDOWNER****\*see instructions below** | **FUNDS GRANTED BY** **COORDINATOR****\*see instructions below** |
| [ ]  Manure Management Plan**OR**[ ]  Nutrient Management Plan |       | $0.00 | <50 acres:       |
| Additional $10 per acre >50 acres:       |
| [ ]  Ag E&S Plan |       | $0.00 | <50 acres:       |
| Additional $10 per acre >50 acres:       |
| **TOTAL**  |  | $0.00 | (Maximum $1500 per plan):       |
| **3. Agreement** |
| The information provided on this form is true and correct to the best of my knowledge.Signed: Date:        **Landowner/Operator** |
| **4. \*For Coordinator Use Only\*** |
| The information provided on this form is true and correct to the best of my knowledge. The plans submitted for reimbursement have been reviewed and meet administrative completeness requirements.Signed: Date:        **Coordinator** |

**Plans developed after January 1, 2017 are eligible for reimbursement.**

**Please see back for instructions.**

**Purpose**

To document requests for reimbursement of planning expense(s).

Completed by: Landowner/Operator

To report the funding granted.

Completed by: Coordinator

**Distribution**

Original and one copy.

Original is delivered to the Coordinator. Copy is retained for landowner/operator record.

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**PLAN REIMBURSEMENT REQUEST INSTRUCTIONS**

**Section 1: General Information**

Landowner/Operator: Print or type name of legal landowner or operator.

Mailing Address: Enter mailing address of landowner residence or office headquarters. Street, box number, city/town, state, and five or nine-digit zip code.

Farm Address: Enter the address of the farm if the farm address is different from the mailing address or enter the FSA tract #.

County: Indicate in which county the operation is located.

Planner Name & Company: Enter the first and last name of the planner and company name contracted to design the plan(s).

Telephone Number: Enter area code and seven-digit number of landowner/operator.

Land Acreage: Enter the total acreage of the land.

**Section 2: Expenditures**

Landowner/operator selects the plan(s) for which they are requesting reimbursement. At least one plan should be selected.

Total cost invoiced per plan. Enter the number of dollars needed to develop the corresponding plan(s).

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Enter the date(s) that the corresponding plan(s) was developed.

Total costs invoiced. Enter the total number of dollars needed to develop the selected plan(s).

Either one of these two plans may be selected, or neither plan may need to be selected.

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Coordinator reports the amount of funding allocated to the corresponding plan(s). Actual cost up to $500, ≤50 farm acres, with an additional $10 per acre for every acre >50 acres. Maximum $1500 reimbursement per plan.

**Section 3. Agreement**

The Landowner/Operator signs and dates that the information is true and correct.

**Section 4. \*For Coordinator Use Only\***

The Coordinating entity will be responsible for ensuring administrative completeness of all plans submitted for reimbursement. The Coordinator will sign and date that the information on the form is correct and the plans are administratively complete.

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