**Attachment B**

# PACD Ag Plan Reimbursement Program

# *Please read and submit a signed copy of 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**.*

# The deadline to apply is June 30, 2026

## 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:

Planner Mailing Address:

## FARM INFORMATION:

Which watershed is the property located? [ ] Chesapeake Bay

 [ ] Delaware

 [ ] Ohio

|  |  |
| --- | --- |
| Does your land include plowable or tillable acres? (Including no-till) | [ ]  Yes (If Yes, Ag E&S Plan is required)[ ]  No |
| Do you have Animal Heavy Use Areas ≥5000 sq. ft? | [ ]  Yes (If Yes, Ag E&S Plan is required)[ ]  No |
| Do you own or manage livestock or poultry? | [ ]  Yes (If Yes, Manure Management Plan is required)[ ]  No |
| Do you land apply manure or agricultural wastewater? | [ ]  Yes (If Yes, Manure Management Plan is required)[ ]  No |
| Do you have a pasture and/or Animal Concentration Area? | [ ]  Yes (If Yes, Manure Management Plan is required)[ ]  No |
| Is the ag plan being developed for either a preserved farm or acres that are being considered for easement sale through the Farmland Preservation Program? | [ ]  Yes [ ]  No |
| Have you received reimbursement for these acres/BMPs from a previous DEP or PACD ag plan reimbursement program? | [ ]  Yes [ ]  No |
| If so, has the time since the last plan development for these acres been 3 years or more? | [ ]  Yes [ ]  No |

|  |
| --- |
| Cropland Acres: |
| Pasture Acres: |
| Farmstead Acres: |
| **Total Acres Eligible for Reimbursement:** |

|  |
| --- |
| Comments:*If this application is for a nutrient balance sheet, please indicate it here and check nutrient management below.* |

## 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) |[ ] [ ] [ ]
| Ag E&S (Chapter 102) |[ ] [ ] [ ]
| Nutrient Management or NRCS 590 Plan (Chapter 83) (Act 38) |[ ] [ ] [ ]
| Conservation Plan  |[ ] [ ] [ ]

## 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** *(Maximum is lesser of $1,500 per plan or 80% of cost. Maximum $6,000 per landowner/operator)* |
| [ ] Manure Management Plan |  |  |
| Ag E&S Plan |  |  |
| [ ] Nutrient Management/590 Plan |  |  |
| [ ] Conservation Plan |  |  |
| **Total**  |  |  |

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

|  |  |
| --- | --- |
| Education and Outreach |  |
| Data Entry |  |
| Reporting |  |
| Office Supplies (checks, postage, printing, etc.) |  |
| **Total** |  |

|  |  |
| --- | --- |
| **GRAND TOTAL**  |  |

## 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 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.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Landowner (printed) Landowner (signed) Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Planner (printed) Planner (signed) Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Authorized Conservation District Authorized Conservation District Date***

***Representative (printed) Representative (signed)***