

**APPLICATION FORM
CONSERVATION EXCELLENCE GRANT PROGRAM**

Section 1: Applicant Information

Landowner: _____ Operator: _____

Farm Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Farm Acres: _____ Cropland Acres: _____ FSA Tract No. _____

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

Does your operation have a VERIFIABLE NMP/MMP/NRCS 590? _____ Yes _____ No

If yes, please list date of plan: _____

Does your operation have a VERIFIABLE Ag E&S/Conservation Plan? _____ Yes _____ No

If yes, please list date of plan: _____

Stream Name and Chapter 93 Designation: _____

Section 2: Financial Considerations

Indicate how the project will be funded by checking the correct box and entering the financial information.

Check one:

Project to be funded by grant only (project cost estimate must be less than \$25,000)

Project to be funded by combination of grant, REAP, AgriLink/Commercial Loan, Farmer Financed or Other Funds (grant request shall not exceed \$250,000)

Note: Each participating district, in consultation with the Commission has determined to award cost-share up to certain percentages of the estimated construction cost of the project. Please consult with the participating districts on what the cost-share rate is before completing the application. 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 CEG 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: _____

Section 3: Attachment Checklist

- Project Description
- Project Cost Estimate
- Plan Verification Form
- Plan Map or Aerial Map of Property
- Project Photos Before Construction
- District Cooperator Form, if applicable
- USDA NRCS Authorization for Release of Records, if applicable

Section 4: Grantee Signature

I hereby request CEG Funding assistance for the farm identified above.

Grantee: _____ Date: _____

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 funding granted: _____

District Board Approval Date: _____

Board Signature or Authorized Representative: _____

Complete applications will be accepted at the following conservation district offices:

Bedford	Centre	Cumberland	Franklin
Lancaster	Lebanon	York	