

Project Application

*To be Completed By: **County Technical staff**
on behalf of the Credit Seller (Applicant)*

*Submitted to: **Program Administrator***

Project ID:

*(Please create a project ID including the applicant last name, 8-digit HUC watershed name, and year of application.
Example: Johnson-Auglaize-17)*

County Technical Assistance Contact	
State (IN, MI, or OH)	
County Conservation District	
County Staff Lead	
Staff Lead e-mail address & telephone	

Applicant Information	
Applicant Name	
Street Address	
City, State, Zip	
Telephone number	
e-mail	

Check appropriate title of Applicant (check all that apply):

☐ Landowner

☐ Operator

If the Applicant is not the landowner, is there written documentation of permission to install the conservation practice/practices binding the landowner to continued performance if the operator/tenant no longer rents the land?

☐ Yes

☐ No

Type of operation (check all that apply):

☐ Cropland

☐ Livestock

☐ Other: _____

Nutrient Management:

The Applicant implements a Nutrient Management Plan or agrees to begin using a Nutrient Management Plan prior to the installation of practices. The Applicant agrees to make the Nutrient Management Plan available to the County upon request and implement that Plan during the contract period, if this application is accepted.

☐ Yes

☐ No

Project Site & Practice Details (duplicate table as needed for multiple sites)		
Street Address		
City, State, Zip		
Latitude & Longitude		
Township		
Section #		
Town & Range		
Nearest waterbody receiving drainage from the site		
Aerial photo or USGS topographic map showing project location and nearest waterbody included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Site map depicting proposed project provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Practices to be installed at this site consistent with applicable NRCS practice standards (check all that apply):		
<input type="checkbox"/> Conservation crop rotation	<input type="checkbox"/> Conservation cover	<input type="checkbox"/> Conservation Reserve Program
<input type="checkbox"/> Contour buffer strips	<input type="checkbox"/> Contour strip cropping	<input type="checkbox"/> Cover crop
<input type="checkbox"/> Critical area planting	<input type="checkbox"/> Field border	<input type="checkbox"/> Filter strip
<input type="checkbox"/> Residue & tillage management, No Till	<input type="checkbox"/> Residue & tillage management, Reduced Tillage	<input type="checkbox"/> Prescribed grazing
<input type="checkbox"/> Riparian forest buffer	<input type="checkbox"/> Riparian herbaceous cover	<input type="checkbox"/> Tree & shrub establishment
<input type="checkbox"/> Vegetative barrier	<input type="checkbox"/> Grade stabilization structures	<input type="checkbox"/> Grassed waterway
<input type="checkbox"/> Water & sediment control basins	<input type="checkbox"/> Bank stabilization	<input type="checkbox"/> Animal trails & walkways
Is the project EQIP-eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Crediting Data (Insert or delete rows as needed & use the Region 5 model, plus WLEB-DRP calculator to calculate load reductions. Please attach a copy of both output pages along with a completed Data Inputs Form.)					
Practices	Acres or Other Units	Calculated annual TP load reduction	When will the Practice begin?	When will the Practice end?	Practice Duration (years)

Totals:					
Total TP reduction over project lifespan:					

Baseline eligibility:

Have any of the proposed practices identified above been implemented on the farm between September 1, 2014 and the present?

☐ Yes

☐ No

Are the proposed practice or practices being implemented because of a regulatory action, as part of an existing settlement, or other legal action? (Note: regulatory action may include state or local requirements or activities required by a permit.)

☐ Yes

☐ No

Is the Applicant willing and able to demonstrate 3 years of farm practice history, including soil test results, if the project is chosen (from September 1, 2014)?

☐ Yes

☐ No

Has the Applicant previously received cost-share for any of the practices proposed above?

☐ Yes

☐ No

If yes, please provide additional details:

Is the Applicant willing to participate in a media event or field day highlighting his/her involvement in conservation activities?

☐ Yes

☐ No

Is the Applicant aware that his/her application and associated documents may be subject to public disclosure by way of a Freedom of Information Act request?

☐ Yes

☐ No

By signing this form, I understand:

- ☐ This application is subject to the approval of the Program Administrator, in consultation with a Project Management Team comprised of state agency officials from the Western Lake Erie Basin states of Indiana, Michigan, and Ohio.
- ☐ If the project is approved for funding, Third-Party Verifiers and associated partners must be allowed to inspect property where practices are installed, for the duration of the contract term, in order to verify continued performance with the terms of this application and associated contract.
- ☐ If my application is selected, then I will receive a notification and offer of payment which I may either accept or reject.
- ☐ Once a contract is signed, I will be responsible for the maintenance of the practices contained within the contract.
- ☐ Installed practices must comply with all local, state, and federal regulations.

Applicant signature

Date