



WAYNE
CONSERVATION DISTRICT

APPLICATION FORM
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM

Current Deadline for Applications: Friday, May 30, 2025 at 3:00 p.m.

If you have questions or need assistance with your application please contact Jamie Knecht
at 570-253-0930 or via email at jknecht@waynecountypa.gov

Section 1: Applicant Information

Landowner: _____ Operator: _____

Farm Name: _____

Address: _____

Telephone: _____

Telephone: _____

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

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

Does your operation have a CURRENT AND VERIFIABLE NMP/MMP/NRCS 590? (Circle one)
_____ Yes _____ No

If yes, please list date of plan: _____

Does your operation have a CURRENT AND VERIFIABLE Ag E&S/Conservation Plan? (Circle one)
_____ Yes _____ No

If yes, please list date of plan: _____

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

Does your operation's land contain karst (limestone) geology? _____ Yes _____ No

Section 2: Financial Information

Enter the proposed funding and its sources below.

The Wayne Conservation District ACAP Program will pay up to 85% of project costs, the applicant must provide a minimum of 15% match for the project. The amount of funding awarded to each project will be determined at the discretion of the Wayne Conservation District Board of Directors.

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: _____

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

Section 4: Grantee Signature

I hereby request ACAP Funding assistance for the operation 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: _____