

Resource Enhancement and Protection Program



APPLICATION

Fiscal Year 2016

(July 1, 2016 – June 30, 2017)

State Conservation Commission
2301 North Cameron Street
Harrisburg, PA 17110

Phone: (717) 787-8821

Fax: (717) 705-3778

www.pda.state.pa.us/REAP



REAP APPLICATION INSTRUCTIONS FY 2016

*****Remove the cover page and instruction sheet before submitting the application. Submit the Application pages only. Please submit only the pages that pertain to your project.**

Submission Information

The State Conservation Commission will have two separate application periods for the FY 2016 program.

- The first application period - beginning **August 1, 2016** - Applications for COMPLETED projects only. The SCC will reserve 75% of the total REAP allocation for this funding round. Applications may be postmarked beginning July 29, 2016.
- The second application period - beginning **August 15, 2016** - Applications for both PROPOSED and COMPLETED projects. If there are additional credits that were not awarded from the first application period, those credits will be added to the second application periods allocation. If the amount of completed applications received in the first funding round, exceeds the 75% allocation, those applications will be reviewed as part of the second funding round.

Please see the program guidelines for additional information on application submission.

For those applicants that do not have a current or final and approved Conservation Plan/Agricultural E&S Plan and/or Nutrient Management Plan/Manure Management Plan (if required by law), the applicant will be restricted to applying for tax credits consistent with the “General Eligibility” provisions established at Section 1704-E of the REAP Statute and defined under the “General Eligibility Criteria” delineated in these guidelines.

Complete the following Application and all supporting documents and applicable attachments, provide appropriate signatures, and submit one hard copy original to the State Conservation Commission at the following address:

State Conservation Commission
REAP Tax Credit Program
2301 North Cameron Street
Harrisburg, PA 17110-9408

Application must be typed or neatly printed. Faxed or emailed applications will not be accepted.

Refer to the Program Guidelines before completing your application. Parts of this Application may require the assistance of your local Conservation District, Natural Resource and Conservation Service (NRCS) office, or a qualified private sector technical service provider or certified specialist. Some sections require a signature of one of these parties for verification. See Attachment 4 of the Guidelines for a list of organizations who are qualified under the REAP tax credit program to provide verification signatures.

Please note: Section 2A and Section 2B must be verified by a qualified individual, even if there is no livestock present on the operation.

If additional space is required to answer any part of this Application, the applicant may provide an attachment.

For projects which are complete at the time of application, provide the appropriate project completion information or certification, with signatures, and paid receipts which clearly reflect the total cost paid by the applicant.

A map showing the location of the Agricultural Operation must be attached to the application (for projects involving constructed BMP). See Attachment 7 of the Guidelines for map requirements.

Remember to provide all required signatures.

REMINDERS!!

Before you submit the REAP Application, make sure you have....

- √ Provided taxpayer type and only one Social Security Number and/or EIN number for the applicant. The tax credit will be awarded to only one account at the Department of Revenue. **Please note that the tax credit will be awarded to the Social Security Number or EIN number that you submit.** Please contact your tax preparer/accountant to determine which number is most appropriate. Please make note of the information needed (p1) for applicants that fill out a Schedule F.
- √ Provided information on control of the property. (Do **not** attach the deed or lease).
- √ Identified the preparer if the application was prepared by someone other than the applicant.
- √ Answered all eligibility questions.
- √ Verified the application with an appropriate signature of a qualified person.
- √ Completed the proposed Project Cost/Funding Summary Table.
- √ Provided an adequate map of the agricultural operation, as per the instructions in Attachment 7 of the Guidelines
- √ Signed and dated the application.

For Equipment Purchases, have you attached the following?

- √ Appropriate equipment certification forms of the Application (pages 11, 12, 13, 14), with the name and signature of an equipment dealer, and the applicant.
- √ A price quote, order, bill of sale, sales agreement or invoice.

If you are submitting an application for a project or projects which are complete, did you include the following?

- √ For BMPs: Paid receipt(s) and the required completion certification information (pp 18-19).
- √ For Equipment: Paid receipt(s) showing the delivery date and serial number of the equipment and the appropriate equipment certification forms of the Application (pages 11, 12, 13, 14).
- √ For Plans: Paid receipt for the cost of a plan.
- √ For Cover Crops: Paid receipt(s), REAP Cover Crop Job Sheet (p17), and maps detailing the location of plantings.



REAP ID Number 16 -

For Commission use only

SECTION 1 - Applicant Information

Applicant Information

APPLICANT NAME:

| | |
|------------------|----------------------------------|
| MAILING ADDRESS: | TOTAL REAP REQUEST: (sum pp 6-9) |
| street: | \$ |
| city | state zip |

PHONE NUMBER: EMAIL:

Taxpayer ID - In the section below, list the SSN and/or EIN of the account to which you want the tax credit awarded.

Please note: If a farmer applicant files a Schedule F and is not a part owner with any other taxpayer, the application for the REAP credit should be filed under the SSN of the farmer and not the EIN of the farm. The farm's EIN must be included also on the application for the purpose of the compliance check done by the Department of Revenue prior to the release of tax credits.

| | |
|---------------------|--|
| Individual SSN - - | Sole Proprietor SSN - - - - - AND |
| S Corporation EIN - | Sole Proprietor EIN - |
| LLC EIN - | Bank EIN - |
| Partnership EIN - | Other entity (please list): _____ |
| Corporation EIN - | EIN - |

CONTACT NAME: (If different than applicant)

Has this applicant received a REAP tax credit in a previous program year? Yes No

Program Year(s): _____ (if known)

Location of Agricultural Operation

ADDRESS:

street

city state zip

COUNTY: TOWNSHIP:

Is the applicant:

The owner of the property on which the project will be completed, or

The manager/operator of the property on which the project will be completed, or

A sponsor of the project?*

Property Owner Information (if different than the applicant)

NAME: PHONE NUMBER:

ADDRESS:

street

city state zip

Control of the property under this application is through:

Deed or other evidence of land ownership

Written lease agreement Years of control are _____ through _____

Other agreement or legal conveyance (list) _____ Years of control are _____ through _____

*For projects where the applicant is a sponsor, a signed written agreement between the sponsor (applicant) and the owner of the property on which the project is located must be completed, attesting that the property owner will comply with all the requirements associated with the award of the REAP tax credit, including the obligation to maintain the sponsored BMP(s). Both the sponsor's and the property owner's signature must appear in the appropriate sections of this application.

SECTION 2 - REAP Eligibility

A. Conservation and Agricultural E&S (Ag E&S) Plans

Refer to Attachment 2 of the REAP Program Guidelines(p19) to complete this Section.

1. Do you have a current Conservation Plan for all acres plowed and tilled that addresses the relevant resource concerns on all acres owned and/or operated, consistent with the list contained in Attachment 2 of the REAP Program Guidelines?

Yes If you answered Yes, proceed to Question A.3

No If you answered No, proceed to Question A.2

2. Do you have a current Ag E&S Plan for all acres plowed and tilled that addresses the relevant resource concerns and meets the requirements of DEP regulations Chapter 102.4(a) on all acres owned and/or operated? These requirements are:

- Cropland must be treated to eliminate ephemeral or classic gullies
- Cropland must be treated to tolerable soil loss (T) over the crop rotation
- Cropland with less than 25% cover within 100 feet of rivers and streams must be treated with additional BMPs
- Animal Heavy Use Areas (AHUAs) must be treated to minimize nutrient and sediment runoff
- If no plowing or tilling occurs, a Prescribed Grazing Plan (528)(where appropriate) or Mushroom Management Plan (where appropriate) meets the requirements of bullets 1-3 above.

Yes If you answered Yes to Question A.2, proceed to Question A.3

No If you answered No to Question A.2, then you must include the development of such plans in your initial application for REAP tax credits before applying for tax credits for any other REAP eligible BMP. Only BMPs that are part of a final and approved Conservation Plan or Ag E&S Plan may be included in such submission and will be considered for approval.

3. If you answered Yes to Question A.1 or A.2 above, is your plan fully implemented?

Yes

No If you answered No, list BMPs yet to be completed and an implementation schedule below:

Please do NOT attach a copy of the plan

B. Nutrient Management Plan and Animal Concentration Areas

Refer to Attachment 3 of the REAP Program Guidelines when completing this Section.

1. Do you have any livestock, poultry, or equine on your operation or do you utilize/handle manure?

Yes If you answered Yes, proceed to Question B.2

No If you answered No, proceed to page 4 (Verification Page)

2. Is your operation a Concentrated Animal Operation (CAO) or Concentrated Animal Feeding Operation (CAFO)

Yes If you answered Yes, proceed to Question B.3

No If you answered No, proceed to Question B.4

3. Do you have a current Act 38 Nutrient Management Plan for your CAO or CAFO operation?

Yes If you answered Yes, proceed to Question B.5

No If you answered No to Question B.3, then you must include the development of such plans in your initial application for REAP tax credits before applying for tax credits for any other REAP eligible BMP. Only BMPs that are part of a final and approved Nutrient Management Plan may be included in such submission and will be considered for approval.

4. If your operation is not a CAO or CAFO, do you have one of the following plans that meet the requirements of DEP's Chapter 91?
a: **voluntary Act 38 Nutrient Management Plan** or **DEP Manure Management Plan**

Yes If you answered Yes, proceed to Question B.5

No If you answered No to Question B.3, then you must include the development of such plans in your initial application for REAP tax credits before applying for tax credits for any other REAP eligible BMP. Only BMPs that are part of a final and approved Nutrient Management Plan or Manure Management Plan may be included in such submission and will be considered for approval.

5. If you answered Yes to Question B.3 or B.4, is the nutrient or other manure management plan fully implemented?

Yes

No If you answered No, list the BMPs yet to be completed and an implementation schedule below:

6. Does this application cover REAP Eligible BMPs necessary to implement the nutrient or other manure management plan?

Yes

No

7. Does your operation have any Animal Concentration Areas (ACAs) as defined below?

Yes

No

- Livestock confinement areas other than indoor facilities and true pastures
- Barnyards, feedlots, loafing areas, exercise lots and similar animal confinement areas that will not maintain a growing crop
- Heavily stocked livestock areas where nutrients are applied by animals in excess of crop removal rates
- Animal congregation areas within pastures that meet the above requirements, such as: supplemental feeding areas, shade and watering areas, congested travel areas

8. Does your operation have any untreated ACAs?

Yes

No

Use the evaluation information below to determine whether there is a negative impact to surface water and groundwater.

- Does untreated, unfiltered runoff from the area enter surface water or a concentrated flow area?
- Does runoff from the areas present a significant negative impact to groundwater?
- Is the area within 50 feet of an active well, spring or sinkhole?

9. Does this application cover planning costs and/or installation costs for REAP-eligible BMPs to address the ACAs?

Yes

No

Please do NOT attach a copy of the Nutrient Management Plan or other plans.

VERIFICATION PAGE

See Attachment 4 of the Guidelines for information on individuals who are qualified to provide this verification

Please note, both Section 2.A and Section 2.B, must be verified by a qualified individual, even if there is no livestock present on the operation.

A. Conservation and Agricultural E & S Plans

I affirm that I have reviewed the responses made by the applicant in Section 2A, and after due diligence and inquiry I hereby affirm the foregoing to be true and correct to the best of my knowledge, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME OF PERSON VERIFYING THIS APPLICATION: (printed)

TITLE:

NAME OF ORGANIZATION OR BUSINESS:

PHONE NUMBER:

VERIFICATION SIGNATURE:

B. Nutrient Management Plan and Animal Concentration Areas

I affirm that I have reviewed the responses made by the applicant in Section 2B, and after due diligence and inquiry I hereby affirm the foregoing to be true and correct to the best of my knowledge, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME OF PERSON VERIFYING THIS APPLICATION: (printed)

TITLE:

NAME OF ORGANIZATION OR BUSINESS:

PHONE NUMBER:

VERIFICATION SIGNATURE:

SECTION 3 - Project Information

See Attachment 2 of the Guidelines for a list of REAP eligible BMPs

This application is for a project(s) which include(s): (check all that apply)

Planning (*Conservation Plan, Ag E & S Plan, Nutrient Management Plan, Manure Management Plan*)

Best Management Practices (BMPs)

Purchase of Equipment

for BMP projects:

Yes No Have you **applied** for funding from any other source? (EQIP, CBP, Growing Greener, etc.)

Yes No Are you planning to apply for funding from any other source? (EQIP, CBP, Growing Greener, etc.)

Answers do not impact the REAP application process and are used solely for record keeping purposes.

Project Cost/Public Funding Table (pp. 6-9)

Please Note: Each eligible Best Management Practice, including the purchase of equipment, will receive a separate REAP Tax Credit upon completion of the practice.

Complete the Summary table on pages 6 to 9, indicating each component of the proposed REAP eligible project. If the project is a proposed project, the costs to be listed should be reasonable estimates or contracted costs for implementation of the project(s). Actual costs for BMP projects should be supported by attaching paid bills or invoices. Indicate whether the project is complete or proposed, and the date or proposed date of completion.

Indicate public sources of funding for each BMP. These sources may include but are not limited to: Environmental Quality Incentive Program (EQIP); Conservation Reserve Enhancement Program (CREP); Chesapeake Bay Program; Growing Greener Environmental Stewardship & Watershed Protection Act; or others (please list).

If you are including eligible costs for one year of interest on funds borrowed for any component of the project, include the portion of interest on each individual BMP listed on the summary table. Attach documentation from a bank or other lending institution showing the amount borrowed and the amount of interest for the first year.

For projects contained in this application which are proposed:

✦ If your application includes the purchase of No-Till Equipment, Precision Fertilizer Application Equipment, or Cover Crop rolling equipment, see Attachments 4 and 5 of the REAP guidelines for additional information. Please complete the corresponding REAP Equipment Purchase Certification on pp 11-14 of this application.

✦ If your application includes the purchase of Low-Disturbance Residue Management Equipment or Manure Injection Equipment, see Attachments 4 and 6 of the REAP guidelines for requirements and complete the "REAP Low-Disturbance Residue Management Equipment Purchase Certification" (p12).

✦ If your application includes a Roofs and Covers (367) BMP, please complete the "Roofed Waste Storage or Roofed Animal Concentration Area Evaluation Worksheet" (pp. 15-16).

For projects contained in this application which are complete:

✦ If equipment purchases are complete, provide the appropriate completion/certification information on pages 11-14 of this application, along with a paid receipt which shows the **equipment serial number and a delivery date**.

✦ If your BMP project is complete, submit the properly signed "Project Completion Certification" on page 17 of this application, the REAP Project completion summary on page 18 of this application. Send any paid receipts which indicate the amount paid for each BMP. Also include information regarding any other public funding (if applicable).

✦ If your planning project is complete, submit a paid receipt from the planner, indicating that the plan is complete and paid for, and the date of completion.

REAP Project Cost/Public Funding Summary Table

| Eligible Best Management Practice | Units Planned/ Installed | Total Cost | Public Funds | Source (NRCS, Growing Greener, etc.) | Total Cost Minus Public Funds | 50% or 75% | REAP Request | Practice Used in ACA Treatment? (circle one) | Complete or Proposed | Date/ Proposed date of Completion |
|--|---------------------------------|-------------------|---------------------|---|--------------------------------------|-------------------|---------------------|---|-----------------------------|--|
| Additional Expenses for BMPs Previously Credited | | | N/A | N/A | N/A | | | | | |
| EQUIPMENT BMPs | | | | | | | | | | |
| Composting Equipment | no. | | | | | 50% | | | | |
| Cover Crop Roller/ Roller Attachments | no. | | | | | 50% | | | | |
| Manure Incineration Equipment | no. | | | | | 50% | | | | |
| Manure Injection Equip. - Low-disturbance | no. | | | | | 50% | | | | |
| Manure Separation Equipment | no. | | | | | 50% | | | | |
| No-Till Planting Equipment DRILL | no. | | | | | 50% | | | | |
| No-Till Planting Equipment PLANTER | no. | | | | | 50% | | | | |
| Precision Nutrient Application Equipment | no. | | | | | 50% | | | | |
| Residue Management Equip - Low-disturbance | no. | | | | | 50% | | | | |
| PLANNING BMPs | | | | | | | | | | |
| Agriculture E& S Plan | ac. | | | | | 75% | | | | |
| Conservation Plan | ac. | | | | | 75% | | | | |
| Manure Management Plan - DEP Chapter 91 | ac. | | | | | 75% | | | | |
| Nutrient Management Plan | ac. | | | | | 75% | | | | |
| BMPs | | | | | | | | | | |
| Access Road - 560 | ft. | | | | | 50% | | | | |
| Animal Mortality Facility - 316 | no. | | | | | 50% | | | | |

REAP Project Cost/Public Funding Summary Table

| Eligible Best Management Practice | Units Planned/ Installed | Total Cost | Public Funds | Source (NRCS, Growing Greener, etc.) | Total Cost Minus Public Funds | 50% or 75% | REAP Request | Practice Used in ACA Treatment? (circle one) | | Complete or Proposed | Date/ Proposed date of Completion |
|-------------------------------------|--------------------------|------------|--------------|--------------------------------------|-------------------------------|------------|--------------|--|----|----------------------|-----------------------------------|
| | | | | | | | | Yes | No | | |
| Brush Management - 314 | ac. | | | | | 50% | | | | | |
| Channel Stabilization - 584 | ft. | | | | | 50% | | | | | |
| Channel Vegetation - 322 | ac. | | | | | 50% | | | | | |
| Closure of Waste Impoundments - 360 | no. | | | | | 50% | | | | | |
| Composting Facility - 317 | ft ² | | | | | 50% | | | | | |
| Constructed Wetland - 656 | no. | | | | | 50% | | | | | |
| Contour Farming - 330 | ac. | | | | | 50% | | | | | |
| Cover Crop - 340 | ac. | | | | | 50% | | | | | |
| Critical Area Planting - 342 | ac. | | | | | | | Yes | No | | |
| Diversion - 362 | ft. | | | | | | | Yes | No | | |
| Filter Strip -393 | ac. | | | | | 50% | | | | | |
| Grade Stabilization Structure – 410 | no. | | | | | 50% | | | | | |
| Grassed Waterway - 412 | ac. | | | | | | | Yes | No | | |
| Heavy Use Area Protection - 561 | ft ² | | | | | | | Yes | No | | |
| Lined Waterway or Outlet – 468 | ft. | | | | | | | Yes | No | | |
| Obstruction Removal – 500 | ac. | | | | | 50% | | | | | |
| Pond Sealing or Lining – 521 | ac. | | | | | 50% | | | | | |

REAP Project Cost/Public Funding Summary Table

| Eligible Best Management Practice | Units Planned/Installed | Total Cost | Public Funds | Source (NRCS, Growing Greener, etc.) | Total Cost Minus Public Funds | 50% or 75% | REAP Request | Practice Used in ACA Treatment? (circle one) | | Complete or Proposed | Date/Proposed date of Completion |
|---|-------------------------|------------|--------------|--------------------------------------|-------------------------------|------------|--------------|--|----|----------------------|----------------------------------|
| | | | | | | | | Yes | No | | |
| Poultry/Livestock House Vegetative Buffer - 380 | no. | | | | | 50% | | | | | |
| Prescribed Grazing - 528 | ac. | | | | | | | Yes | No | | |
| Pumping Plant for Waste Water Control - 533 | no. | | | | | 50% | | | | | |
| Riparian Forest Buffer – 391 | ac. | | | | | | | | | | |
| Riparian Herbaceous Cover- 390 | ac. | | | | | 50% | | | | | |
| Roof Runoff Structure -558 | ft. | | | | | | | Yes | No | | |
| Roofs and Covers – 367 | ft ² | | | | | | | Yes | No | | |
| Sediment Basin -350 | no. | | | | | 50% | | | | | |
| Silage Leachate Management | no. | | | | | 50% | | | | | |
| Sinkhole and Sinkhole Area Treatment -527 | ac. | | | | | 50% | | | | | |
| Solid/Liquid Waste Separation Facility- 632 | no. | | | | | 50% | | | | | |
| Streambank and Shoreline Protection - 580 | ft. | | | | | 50% | | | | | |
| Stripcropping -585 | ac. | | | | | 50% | | | | | |
| Structure for Water Control – 587 | no. | | | | | 50% | | | | | |
| Subsurface Drain -606 | ft. | | | | | | | Yes | No | | |
| Terrace – 600 | ft. | | | | | 50% | | | | | |
| Tree/Shrub Establishment – 612 | ac. | | | | | | | | | | |
| Underground Outlet - 620 | ft. | | | | | | | Yes | No | | |

REAP Project Cost/Public Funding Summary Table

| Eligible Best Management Practice | Units Planned/ Installed | Total Cost | Public Funds | Source (NRCS, Growing Greener, etc.) | Total Cost Minus Public Funds | 50% or 75% | REAP Request | Practice Used in ACA Treatment? (circle one) | | Complete or Proposed | Date/ Proposed date of Completion |
|--|--------------------------|------------|--------------|--------------------------------------|-------------------------------|------------|--------------|--|----|----------------------|-----------------------------------|
| | | | | | | | | Yes | No | | |
| Vegetated Buffer | ac. | | | | | 50% | | | | | |
| Vegetated Treatment Area – 635 | ac. | | | | | | | Yes | No | | |
| Waste Storage Facility -313 | ft ³ | | | | | 50% | | | | | |
| Waste Transfer - 634 | ft. | | | | | 50% | | | | | |
| Waste Treatment - 629 | no. | | | | | 50% | | | | | |
| Waste Treatment Lagoon – 359 | ft ³ | | | | | 50% | | | | | |
| Water and Sediment Control Basin - 638 | no. | | | | | 50% | | | | | |
| BMPs in Conjunction with Prescribed Grazing (528) | | | | | | | | | | | |
| Animal Trails and Walkways - 575 | ft. | | | | | 50% | | Yes | No | | |
| Fence - 382 | ft. | | | | | | | Yes | No | | |
| Forage and Biomass Planting - 512 | ac. | | | | | 50% | | | | | |
| Pipeline - 516 | ft. | | | | | 50% | | | | | |
| Pond - 378 | no. | | | | | 50% | | | | | |
| Spring Development - 574 | no. | | | | | 50% | | | | | |
| Stream Crossing - 578 | no. | | | | | 50% | | | | | |
| Water Well – 642 | no. | | | | | 50% | | | | | |
| Watering Facility – 614 | no. | | | | | 50% | | | | | |

SECTION 4 - Signature Page

Applicant Signature

I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

I affirm that I am authorized to legally bind the company, corporation, partnership or other legal entity whose name appears as the applicant, sponsor or property owner.

I acknowledge that any tax credit received under the REAP program must be returned for a violation of any provision of the Act or if the practice is not maintained for the life span of the practice, as defined in the REAP program guidelines. If the BMP is not maintained for the required period, the owner of the property upon which the project exists shall return to the Department of Revenue the full amount of the tax credit originally granted.

I hereby give permission for the State Conservation Commission, its staff and/or its agents to review my Conservation Plan, Ag E&S plan and/or my Nutrient or Manure Management Plan, and all relevant records pertaining to these plans, as required as part of the application review process.

I understand that all projects are subject to inspection and that if a BMP is not maintained and managed for the required lifespan I will be required to return the full amount of the tax credit originally granted for the BMP. I understand that if I provide prior written notification to the Commission that I am unable to maintain the BMP due to the sale of the property, cessation of an agricultural operation or other factors, the Commission may direct the Department to prorate the amount of tax credit that shall be returned.

I agree to permit the State Conservation Commission, its staff and/or its agents to conduct site visits of the project location and to monitor the project for the lifespan of the project.

For projects which are complete, I have attached the required project completion information.

I understand and acknowledge that approved REAP applications are a "public record" under the Pennsylvania Right-To-Know Law (65 P.S. §§ 66.1 *et seq.* , as amended).

| | |
|----------------------------|---|
| Print Name(s) of Applicant | Printed Title or Affiliation to a Business (if applicable): |
| Applicant Signature | Date |

For Projects Involving a Sponsor

I hereby affirm that there is a signed written agreement certifying that the property owner will comply with all of the requirements associated with the award of the REAP tax credit. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities

| | | | |
|---------------------------------|------|-----------------------------|------|
| Print Name(s) of Property Owner | | | |
| Property Owner(s) Signature | Date | Property Owner(s) Signature | Date |
| Applicant Signature | Date | Applicant Signature | Date |

If this application is prepared by someone other than the applicant, please provide the following:

| | | |
|---|-----|----|
| NAME: | | |
| ORGANIZATION: | | |
| PHONE: | | |
| May the Commission staff contact the preparer regarding your application? | Yes | No |



REAP No-Till Equipment Purchase Certification

(To be completed for each piece of No-Till Equipment Purchased) - Make additional copies as necessary

Dealer Certification

I certify that the no-till planting equipment described below is sold under the following conditions:

1. The equipment is capable of placing seeds at the optimum depth for germination and growth in untilled soil with plant residue cover.
2. The purchase agreement includes field setup by a qualified representative of the dealership.
3. For used equipment, all wear items meet or exceed manufacturer's guidelines for replacement parts.
4. I have no conflict of interest as defined in the REAP Guidelines with respect to this application (pp 21, 22).

Note: Used equipment sold privately must also be certified by a dealer representative or other persons approved by the Commission.

| | | |
|------------------------------------|-----|--------------|
| Dealer Representative Printed Name | for | Company Name |
| Dealer Representative Signature | | Phone Number |

Equipment Information

| | |
|--|---|
| Equipment Make, Model and Year: | |
| Planter | Drill |
| Serial Number: | Check if serial number is not yet available |
| The equipment is: New Used | Purchase Price: \$ |
| Order Date: | Expected Delivery Date: |
| Check here if equipment has already been delivered. Date of Delivery: | |
| Paid receipt/invoice is attached. | |

Applicant Certification

I certify that the no-till equipment described above will be:

1. Utilized in untilled soil consistent with the provisions of a current Conservation/Ag E&S plan.
2. Maintained for the designated lifespan of the equipment, which is 7 years for new equipment and 3 years for used equipment.
3. Utilized on an agricultural operation that is identified in this application.

I agree to allow inspections by an agent of the State Conservation Commission to ensure that my operation is utilizing this equipment for no till crop production. I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

| | | |
|----------------|---------------------|------|
| Applicant Name | Applicant Signature | date |
|----------------|---------------------|------|

For SCC reporting purposes only, please provide the following:

| | | |
|---|--|-------------|
| Number of NEW no-till acres on which this equipment will be used annually: | | _____ acres |
| Number of EXISTING no-till acres on which this equipment will be used annually: | | _____ acres |



REAP Low Disturbance Residue Management/Manure Injection Equipment Purchase Certification

(To be completed for each piece of equipment purchased) - Make additional copies as necessary

****For more information, refer to REAP Guidelines (p26)****

Dealer Certification

I certify that the low-disturbance manure injection equipment/low disturbance residue management equipment described below meets the standards set forth in Attachment 6 of the REAP Guidelines and is sold under the following conditions:

- 1a.** For equipment that is part of a manure injection system: The equipment is designed for and is capable of injecting and/or incorporating manure at a shallow depth with minimal soil disturbance; which leaves at least 60% plant residue on the surface.
- 1b.** For residue management equipment: The equipment is designed for and is capable of cutting and sizing crop residue with minimal soil disturbance; which leaves at least 60% plant residue on the surface.
- 2.** For Residue Management Equipment: The gang angles or disc angles of the equipment (fixed or adjustable) do not exceed 5 degrees.
- 3.** For Residue Management Equipment: The working depth of the equipment does not exceed 4 inches.
- 4.** For Residue Management Equipment: The discs/coulters are not concave.
- 5.** I have no conflict of interest as defined in the REAP Guidelines with respect to this application (pp 21, 22).

Note: Used equipment sold through a dealership or privately must also be certified by a dealer representative or other persons approved by the Commission.

| | | |
|---------------------------------|-----|--------------|
| Dealer Representative (print) | for | Company Name |
| Dealer Representative Signature | | Phone Number |

Equipment Information

| | | |
|---|--|---|
| Equipment Make, Model and Year: | | |
| Injector | Residue Mgmt. | Seed Box |
| Serial Number: | | Check if serial number is not yet available |
| The equipment is: | <input type="checkbox"/> New <input type="checkbox"/> Used | Purchase Price: \$ |
| Order Date: | Expected Delivery Date: | |
| Check here if equipment has already been delivered. | | Date of Delivery: |

Applicant Certification

- I certify that the equipment described above will be:
- 1.** Utilized in a manner consistent with the provisions of a current Conservation/Ag E&S Plan and Nutrient/Manure Management Plan.
 - 2.** Operated in a manner which leaves a minimum of 60% of crop residue on the surface.
 - 3.** Not altered in any way that increases soil disturbance beyond the original design of the equipment.
 - 4.** Maintained by the applicant for the designated lifespan of the equipment - 7 years for new equipment and 3 years for used equipment.
 - 5.** Utilized by the applicant on an agricultural operation that is identified in this application.

I agree to allow inspections by an agent of the State Conservation Commission to ensure that my operation is utilizing this equipment for low disturbance residue management. I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

| | |
|------------------------|------|
| Applicant Name (print) | |
| Applicant Signature | Date |



REAP Precision Nutrient Application Equipment Certification

For more information, please refer to p24 of the REAP Guidelines

Dealer Certification

I certify that the precision application equipment described below is sold under the following conditions:

1. The equipment is capable of applying manure or other fertilizers at variable rates based on data input from maps or optical sensors.
2. The purchased components are necessary for variable rate spreading of nutrients.
3. The purchase agreement includes setup by a qualified representative of the dealership.
4. I have no conflict of interest as defined in the REAP Guidelines with respect to this application (pp 21, 22).

Equipment Information

Base Equipment Make, Model:

Serial Number(of the base model equipment):

check if not yet available

Please note: Only the precision ag **components** are eligible for REAP tax credits. Check all that apply:

- | | |
|---------------------------------|--|
| displays, monitors, controllers | variable rate drives, hydraulic motors |
| GPS | metering devices |
| section/swath control | nozzle controls |

The equipment is: New Used

Purchase Price (components): \$

Check here if equipment has already been delivered. Date of Delivery/Expected Delivery:

If possible, please itemize receipt

Dealer Representative Printed Name

for

Company Name

Dealer Representative Signature

Phone Number

Note: Used equipment sold privately must also be certified by a dealer representative or other persons approved by the Commission.

Applicant Certification

I certify that the precision fertilizer application equipment described above will be:

1. Utilized to apply nutrients at variable rates across crop fields in accordance with data input from maps or optical sensors.
2. Maintained for the designated lifespan of the equipment, which is 7 years for new equipment and 3 years for used equipment.
3. Utilized on an agricultural operation that is identified in this application.

I agree to allow inspections by an agent of the State Conservation Commission to ensure that my operation is utilizing this equipment for variable rate application of manure or other fertilizers. I agree to report to the Commission on an annual basis the number of acres on which the above equipment is operated, throughout the designated lifespan of the equipment. I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Number of acres on which this equipment will be used for precision application of nutrients in Year 1:

NEW acres: _____ EXISTING acres: _____

Applicant Name

Applicant Signature

date



REAP Cover Crop Roller/Roller Attachment Equipment Purchase Certification

(To be completed for each piece of equipment purchased) - Make additional copies as necessary

Dealer Certification

I certify that the cover crop roller/roller attachments described below is sold under the following conditions:

1. The equipment is capable of rolling cover crops for the purpose of improving no-till planting of subsequent crops.
2. The purchase agreement includes field setup by a qualified representative of the dealership.
3. For used equipment, all wear items meet or exceed manufacturer's guidelines for replacement parts.

Note: Used equipment sold privately must also be certified by a dealer representative or other persons approved by the Commission.

Dealer Representative Printed Name _____ for _____ Company Name _____

Dealer Representative Signature _____ Phone Number _____

Equipment Information

Equipment Make, Model and Year:
(base equipment)

| | |
|--|---|
| Roller | Roller Attachments |
| Serial Number: | Check if serial number is not yet available |
| The equipment is: New Used | Purchase Price: \$ |
| Order Date: | Expected Delivery Date: |
| Check here if equipment has already been delivered. Paid receipt/invoice is attached. | Date of Delivery: |

Applicant Certification

I certify that the equipment described above will be:

1. Utilized in untilled soil consistent with the provisions of a current Conservation/Ag E&S plan.
2. Maintained for the designated lifespan of the equipment, which is 7 years for new equipment and 3 years for used equipment.
3. Will be utilized on an agricultural operation that is identified in this application.

I agree to allow inspections by an agent of the State Conservation Commission to ensure that my operation is utilizing this equipment for no till crop production. I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Applicant Name (print) _____

Applicant Signature _____ Date _____

Additional Information:

Roof Evaluation Worksheet - cont.

1. I understand that a roofed BMP under the REAP Tax Credit Program may only be used for their intended purpose as defined by the Commission.

Applicant Initials _____

2. I understand a roofed waste storage facility may only be used to store manure or manure related farm waste (i.e. spent mushroom compost). It may not be used to store hay, feed, equipment, or other materials, nor may it be converted to any other use for the entire lifespan (10 years) of the practice.

Applicant Initials _____

3. A roofed Animal Concentration Area may only be used as a sacrifice, loafing or exercise area. It may not be converted into animal housing (by adding permanent sides, walls, stalls, curtains, etc.) for the entire lifespan (10 years) of the practice.

Applicant Initials _____

4. I understand that roofed BMPs are subject to annual inspections for the lifetime (10 years) of the project to assure that they are being managed for their intended purpose.

Applicant Initials _____

5. I understand that if an inspection reveals that BMPs are being misused, the Commission may revoke all or a portion of the allocated tax credits.

Applicant Initials _____

I have read and understand the information on this worksheet. I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Applicant Name (Print) _____

Applicant Signature _____

Date _____

Consultant's Name (print) _____

Phone # (____) _____

Consultant Signature _____

Date _____

REAP Cover Crop Job Sheet

*Refer for **Attachment 11** (REAP Guidelines) for more information*

Applicant Name: _____ **Field(s)** _____

Planting Specifications:

| Field(s) | Species | Seeding Rate | Seeding Date | Establishment Method | Planned Nutrient Application | Termination Method/Timing |
|----------|---------|--------------|--------------|----------------------|------------------------------|---------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Additional Specification and Notes:

| |
|--|
| |
| |
| |

Certification Requirements: *(subject to spot-check by State Conservation Commission)*

I certify that the above Planting Specifications and Installation requirements have been met in accordance with the criteria of the REAP program. A total of _____ acres of this practice were installed on the locations covered by this job sheet.

I certify that no nutrients have been or will be applied to this cover crop.

Yes

No

*Answer does **not** impact the REAP application process and is used solely for record keeping purposes.*

I affirm the information provided in this form is true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

REAP Applicant Name (print)

REAP Applicant Signature

Date



REAP Project Completion Certification for BMPs

| | |
|-----------------|---------------------------|
| APPLICANT NAME: | REAP ID #(if applicable): |
|-----------------|---------------------------|

Completion: List approved eligible BMP(s) certified as complete for the REAP Program:

For reporting purposes, for each BMP Certified, estimate approximate "units" of measure. (i.e. linear, square, cubic feet, acres of BMPs installed, etc.)

| BMP: | Number/Unit: | BMP: | Number/Unit: |
|---|---------------------|-------------|---------------------|
| <i>Example:</i> Waste Storage Facility | 10,000 cubic feet | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

List additional BMPs, if necessary, on a separate sheet.

Certification: Complete the appropriate certification below:

Project Designer/Engineer Certification of BMPs

I certify that the BMP(s) listed above have been installed to meet the requirements of REAP program guidelines, and that the project design meets or exceeds the design standards and specifications of the "Pennsylvania Technical Guide." I certify that I have the appropriate job approval authority from NRCS to certify this project.

Name (printed)

Title/Organization

Signature

Date

~OR~

Registered Professional Engineer Certification

I certify that the BMP(s) listed above have been installed to meet the requirements of REAP program guidelines, and that the project design meets or exceeds the design standards and specifications of the "Pennsylvania Technical Guide."

Name (printed)

Title/Organization

Signature

Date



Registered Professional Engineer's Seal

