

Resource Enhancement and Protection Program



APPLICATION

Fiscal Year 2020

(July 1, 2020 – June 30, 2021)

State Conservation Commission
2301 North Cameron Street
Harrisburg, PA 17110

Phone: (717) 787-8821

Fax: (717) 705-3778



SUBMISSION INFORMATION

The Commission will accept FY 2020 REAP application beginning **August 3, 2020**. Please send applications to the following address:

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

Applications must be typed or neatly printed. Emailed applications should be sent to: jsemke@pa.gov
Faxed applications will not be accepted.

For those applicants that do not have a current up-to-date Agricultural E&S Plan/Conservation 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. For more information, please see p2 and p3 of this application.

Please refer to the REAP Guidelines for additional information regarding eligible projects; and for information regarding the use of REAP tax credits.

Please refer to p5 of this application for additional instructions on completing the cost summary table (p6).

Please refer to p5 of this application and the REAP Guidelines for information regarding BMPs that are eligible for a REAP tax credit of 90% of out-of-pocket costs.

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. 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 on p4 must be verified by a qualified individual, even if there is no livestock present on the operation.

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

REMINDERS

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

- √ Provided contact name, mailing address, ag operation address, and one Social Security Number and/or EIN number for the applicant. Please note that the tax credit will be awarded to the Social Security Number or EIN number that you submit.

- √ Answered all eligibility questions on pp 2-3.
- √ Had your application verified with an appropriate signature of a qualified person on p4.
- √ Completed the REAP Project Cost/Funding Summary Table (p5 &6). Please refer to the instructions on p5 before completing p6.
- √ Signed and dated the application on p7.
- √ Provided a map of the agricultural operation (for applications involving constructed BMP).
- √ Included the addendum page for sponsors and signed the appropriate sections on p7 for sponsorship (if applicable)

If you are applying for Plans, have you provided the following?

- √ For proposed Plans: a cost estimate and a total acreage (p6). Please see below (page iii for information regarding the appropriate plan for your operation.
- √ For completed Plans: receipts that provide acreage data.

If you are applying for Equipment, have you attached the following?

- √ For proposed purchases: A cost estimate, price quote, or purchase order.
- √ For completed (delivered) purchases: the corresponding equipment dealer certification form (pp 8, 9, 10) and a sales receipt/invoice.

If you are applying for a constructed BMP project, did you include the following?

- √ For proposed projects: cost estimates, estimated other public funding at time of application (if applicable), estimated project completion date. (p5, 6)
- √ For completed projects: all receipts (including any of your own labor), all records of other public funding associated with the project, and appropriate certification data (p13).

If you are applying for a roofed BMP, did you include the following?

- √ Roofed Waste Storage/Roofed Animal Concentration Area Evaluation Worksheet (p11). The form must be completed for all projects involving a roof.

If you are applying for cover crops, did you include the following?

- √ Cover Crop Job Sheet (p12) and receipts for completed plantings. If applying for proposed plantings*, estimate future years at the top of p12. When completing p6 (cost summary table), please complete a separate row for each year of plantings. Please refer to PA Custom Guide (NASS) to calculate planting costs (if planted by the applicant). When using bin-run seed, please attach copy of seed test (germination only).

***If applying for proposed cover crop plantings, you must send final receipts/invoices and acreage data upon completion of the planting to have REAP credits officially awarded by PA Department of Revenue.**

If you are applying for riparian buffer maintenance costs, did you include the following?

- √ Riparian Forest Buffer Maintenance Worksheet (available upon request). The form must be completed for all projects involving a buffer.

REAP Planning Questionnaire

must be completed with all REAP applications for Nutrient Management Plans and/or Manure Management Plans

“My operation generates or utilizes manure. What type of manure plan do I need?”

1. Is your operation a CAO or CAFO?

YES



Your operation needs an approved Act 38 Nutrient Management Plan (NMP).

NO



2. Are you interested in participating in Act 38 as a volunteer (VAO)? VAOs can benefit from the limited legal protections provided by an approved Act 38 NMP.

YES



Your operation needs an approved Act 38 Nutrient Management Plan (NMP).

NO



3. Are you interested in applying for funding from USDA/NRCS to help install ag BMPs?

YES



It could benefit you to have NRCS 590 Standard NMP developed as part of your NRCS Conservation Plan. NRCS 590 Standard Plans are written to Act 38 standards. NRCS Plans must be approved by NRCS. (*see footnote*)

NO



4. Are you interested in the additional crop-year-specific agronomic information that an NMP contains?

YES



It could benefit your operation to have an NMP developed by an Act 38 certified specialist. An NMP written to Act 38 standards will contain more information for your operation than a DEP Manure Management Plan (see below).

NO



A PA DEP Chapter 91 Manure Management Plan (MMP) will meet your needs.

Types of operations best-served by an MMP:

1. Operations with few animals
2. grazing-intensive operations
3. Operations with large acreage available for manure spreading

Footnote: NMPs that do not go through the Act 38 approval process (see questions 3 and 4) do not confer any of the limited legal protections provided by Act 38.



REAP ID Number 20 -

For Commission use only

SECTION 1A - APPLICANT INFORMATION

APPLICANT NAME/BUSINESS NAME:

MAILING ADDRESS:

street:

TOTAL REAP REQUEST: (sum pp 5-8)

city

state

zip

phone:

email:

CONTACT NAME: (If different than applicant name)

The **applicant** is:

The owner/operator of the property on which the project will be completed

A sponsor of the project*

*For projects where the applicant is a sponsor, a signed written agreement between the sponsor (applicant) and the owner/operator of the property on which the project is located must be completed, attesting that the owner/operator will comply with all the requirements associated with the award of the REAP tax credit, including the obligation to maintain the sponsored BMP(s). A sample agreement is available upon request. Both the sponsor's and the property owner's signature must appear in the appropriate sections of this application (p7 & addendum).

Section 1B - TAX INFORMATION

REAP Tax Credits awarded by the Department of Revenue will automatically be issued under the FEIN for the business or pass-through entity, unless the applicant is a Sole Proprietorship, in which case, the credits will be issued under the SSN.

SSN (If you are applying as an individual and/or do not have a FEIN):

Federal Employer Identification Number(FEIN):

PA Revenue ID:

Please check which type of business entity

Individual

LLC

S Corp

Partnership

C Corp

Bank

Limited Partnership

Other entity (please list):

Has this applicant received a REAP tax credit in a previous program year?

Yes

No

Section 1C: OPERATION INFORMATION (if different than Sec 1A)

OPERATOR NAME:

phone:

email:

OPERATION ADDRESS:

street

city

state

zip

county:

township:

Section 1D: GENERAL PROJECT INFORMATION

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 constructed 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.

SECTION 2 - REAP Eligibility

Refer to Attachment 2 & 3 of the REAP Guidelines for more information regarding this section.

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

1. Do you have current and up-to-date **Ag E&S Plans** or **NRCS Conservation Plans** for all acres owned or operated that meet the requirements of DEP regulations found in Chapter 102.4(a) of the PA Clean Streams Law? These requirements are:

- Cropland must be treated to eliminate ephemeral or classic gullies
- Cropland must be treated to T (tolerable soil loss) 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 accelerated erosion and sedimentation
- If you do no plowing or tilling, a Prescribed Grazing (528) Plan (where appropriate) or Mushroom Management Plan (where appropriate) meets the requirements of bullets 1-3 above.

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

No If you answered No, you must include the development of Plans in this application for REAP tax credits on p5; **OR** use the space provided below to list the entity assisting you with Plan development and an estimated date of completion of the Plans.

REAP credits may be awarded for Plans prior to implementation of ACA BMPs. However, all ACA-related BMPs in the new plan must be fully implemented prior to receiving any other REAP credits.

2. If you answered Yes to Question A.1 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/Manure Management Plans

1. Do you have any livestock, poultry, or equine on your operation; AND/OR import 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 (NMP) 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, you must include development of the NMP in this application for REAP tax credits. REAP credits may be awarded for the NMP prior to implementation of ACA BMPs. However, all ACA-related BMPs in the new plan must be fully implemented prior to receiving any other REAP credits.

4. If your operation is not a CAO or CAFO, do you have a Plan that meets the requirements of the DEP regulations found in Chapter 91 of the PA Clean Streams Law?

Yes If you answered Yes, specify which plan below, then proceed to Question B.5

voluntary Act 38 NMP or NRCS 590 Plan

DEP Manure Management Plan

No If you answered No, you must include the development of Plans in this application for REAP tax credits on p5; **OR** use the space provided below to list the entity assisting you with Plan development and an estimated date of completion of the Plans.

5. If you answered Yes to Question B.3 or B.4, is the 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/Manure Management/NRCS 590 Plan?

Yes

No

Please do NOT attach a copy of the plans.

C. Animal Concentration Areas

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

- 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, i.e.: supplemental feeding areas, shade and watering areas, congested travel areas

Yes

No

8. Does your operation have any untreated ACAs? Use the evaluation below to determine whether you have an untreated ACA (there is a negative impact to surface water and groundwater).

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

Yes

No

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

Yes

No

REAP ELIGIBILITY VERIFICATION PAGE

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

Verifiers are attesting to the accuracy of the answers in Sec 2.

PLEASE NOTE: Sections 2B and 2C must be verified below by a qualified individual, even if there is no livestock and/or manure handling on the operation.

Sec 2A: 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. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME: (print)

TITLE:

ORGANIZATION OR BUSINESS:

PHONE:

VERIFICATION SIGNATURE:

DATE:

Sec 2 B & C: Nutrient/Manure Management Plans and Animal Concentration Areas

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

NAME: (print)

TITLE:

ORGANIZATION OR BUSINESS:

PHONE:

VERIFICATION SIGNATURE:

DATE:

Important Additional Information

1. Acres operated by the applicant - and therefore covered by the verification signatures above.

2. For constructed BMP projects that do not include other public funding, has the project been included in any reporting to DEP or NRCS?

Yes

No

REAP Project Cost Summary Table - Instructions

Please refer to Attachment 1 of the REAP Guidelines for a list of all REAP-eligible BMPs, equipment, and plans.

Please refer to Attachment 1 of the REAP Guidelines for a list of the units of measurement to use when completing the "Units Installed or Proposed" column p6.

The following plans and corresponding costs should be entered in the "Planning BMPs" section: Ag E&S Plans, Conservation Plan, Nutrient Management Plans, DEP Manure Management Plans.

The following equipment and corresponding costs should be entered in the "Equipment BMPs" section: No-Till Planters and Drills, Manure Injectors, Precision Nutrient Application components, Cover Crop Equipment

All other BMPs, cover crops, soil health tests - any project not specifically mentioned above - and corresponding costs should be entered in the "All other BMPs" section.

Please enter the total cost of the project in the "Total Cost" column - prior to accounting for elements of the projects that were paid for by other grants/funding sources.

In the "All Other BMPs" section, please answer "yes" or "no" as to whether the specific BMP is treating an ACA-related resource concern. For more information about ACAs and BMPs typically used to treat runoff from ACAs, please refer to questions 7 & 8 on p3 of this application.

In any watershed with an agriculturally impaired TMDL*, the following BMPs are eligible for a REAP tax credit of 90% of out-of-pocket implementation costs:

- * Riparian forest buffers that are 50+ ft wide.
- * Stream crossings and livestock exclusion from streams. BMPs used in conjunction with stream crossings and livestock exclusion are also eligible for 90% REAP tax credit (e.g. Animal Trails & Walkways, Fence, and off-stream watering facilities)
- * Soil health tests. The applicant must be involved with a partner organization's soil health program (e.g. PASA's soil health benchmark study, USDA NRCS Soil Health Conservation Activity Plan (CAP), etc.).

Please answer "yes" or "no" in the checkboxes regarding "TMDL?" if you are applying for REAP tax credits for one of the BMPs listed above.

Please answer "90%" in the "REAP Rate" column if your operation is located in an ag impaired TMDL watershed AND the BMP you are applying for is listed above.

For all other BMPs, the "REAP Rate" column is completed according to your answers in the preceding checkboxes. You will enter 75% if you answered "yes" to the "ACA" question. You will enter 50% if you answered "No" to the "ACA" question. Please note: Manure Storages are not considered ACA treatments.

For proposed projects, please provide an estimate of when the project is scheduled to be complete (or the equipment delivered). An estimated date of completion is not necessary if the project is complete and the application includes all receipts and appropriate engineer certifications.

*Please contact the Conservation District in your County for more information regarding TMDL watersheds

REAP Project Cost Summary Table

Please refer to Attachment 1 of the REAP Guidelines for the complete list of REAP-eligible BMPs. Please attach duplicate pages, if necessary.

Eligible BMP	Units Installed or Proposed	Total Cost (\$)	Other Public Funds (\$)	Source (NRCS, CBP, Growing Greener, etc.)	Total Cost Minus Other Public Funds(\$)	ACA Treatment? (check one)	TMDL Watershed (check one)	REAP Rate	REAP Request (\$)	Complete (C) or Proposed (P)	Proposed Date of Completion
ex: Ag E&S Plan	300 ac.	4000	1500	DEP	2400			75%	1800	C	
PLANNING BMPs											
	ac.							75%			
	ac.							75%			
	ac.							75%			
EQUIPMENT BMPs											
	no.							50%			
	no.							50%			
	no.							50%			
ALL OTHER BMPs						ACA?		TMDL?		REAP Rate	
						YES	NO	YES	NO		
TOTAL											

SECTION 4 - Signature Page

Owner/Operator Signature

I affirm the foregoing to be true and correct. I 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 and/or owner/operator (for projects involving a sponsor).

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/Manure Management Plan, and all relevant records pertaining to these plans, as required as part of the application review process.

I understand that any project receiving REAP credits is subject to on-site inspection by SCC staff and/or a representative of the SCC.

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.

I understand that if a BMP is not maintained and properly managed for the required lifespan, as defined by the REAP Guidelines, 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 understand these provisions apply to any violations of the of the REAP Program Guidelines.

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 Project Owner/Operator

Printed Title or Affiliation to a Business (if applicable):

Project Owner/Operator Signature

Date

For Projects Involving a Sponsor

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

I hereby affirm that there is a signed written agreement certifying that the project owner/operator will comply with all of the requirements associated with the award of the REAP tax credit. I hereby affirm that there is a signed written agreement between the sponsor and the owner/operator of the project regarding financial details of the sponsorship. 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 Sponsor

Sponsor Signature

Date

Owner/Operator Signature

Date

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

NAME:

ORGANIZATION:

PHONE:

EMAIL:



REAP No-Till Equipment Purchase Certification

For more information, refer to REAP Guidelines Att 5

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 by the REAP Guidelines.

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

		for		
Dealer Representative Printed Name			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: \$

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

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 the State Conservation Commission, its staff, or agents thereof 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. I agree to provide to the SCC the information requested below concerning my operation.

Please provide the following:

Number of acres planted no-till on my operation annually: _____ acres

Number of acres of cover crops planted annually: _____ acres

Acres that receive automated precision application of nutrients annually: _____ acres

Applicant Name	Signature	date
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REAP Precision Nutrient Application Equipment Certification

For more information, refer to REAP Guidelines Att 5

Dealer Certification

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

1. The equipment is capable of applying nutrient at variable rates based on automatic 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 by the REAP Guidelines.

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 the State Conservation Commission, its staff, or agents thereof 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.

Please provide the following information:

Number of acres planted no-till on my operation annually: _____ acres

Number of acres of cover crops planted annually: _____ acres

Acres that receive automated precision application of nutrients annually: _____ acres

Applicant Name

Applicant Signature

date



Manure Injection Equipment Purchase Certification

For more information, refer to REAP Guidelines Att 5

Dealer Certification

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

1. The equipment is in good working order and is capable of injecting manure at a shallow depth with minimal soil disturbance.
2. The equipment is capable of injecting manure at a max depth of approximately 4 inches.

B. *For used equipment:* The equipment meets or exceeds the standards set forth in A.

C. I have no conflict of interest as defined by the REAP Guidelines.

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

_____ for _____
 Dealer Representative (print) Company Name

_____ Phone Number
 Dealer Representative Signature

Equipment Information

Equipment Make, Model and Year: _____

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: _____

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. Adjusted to leave 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 the State Conservation Commission, its staff, or agents thereof to ensure that my operation is utilizing this equipment for low disturbance manure incorporation. 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 of manure injection on my operation annually: _____ acres

 Applicant Name (print)

 Applicant Signature Date

Roofed Waste Storage or Roofed Animal Concentration Area Evaluation Worksheet

The roofed BMP is: Waste Storage Facility

Animal Concentration Area (ACA)

Animal Type: _____

Animal Numbers: Current* _____ Proposed (if part of expansion) _____
*prior to construction of the roofed structure

Roof Evaluation Section

1. Is the roofed BMP checked above listed in the implementation schedule of your Act 38 Nutrient Management, Manure Management Plan, or Conservation Plan/Ag E&S Plan?

Yes - list plan: _____

No

2. Was the roofed structure designed by an engineer? Yes No

If yes, Name: _____ Telephone: _____

3. Were alternatives to "Roofed Structures" evaluated? Yes No

If Yes, list alternatives considered and why those were rejected

REAP Intended Purpose - Roofs

1. I understand that a roofed BMP under the REAP Tax Credit Program may only be used for its intended purpose as defined by the Commission. It may not be used for long-term storage of hay, feed, equipment, or other materials; nor may it be converted to any other use for the entire REAP lifespan (10 years) of the practice.
2. I understand that 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, etc.) for the entire REAP lifespan (10 years) of the practice.
3. 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.
4. 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.

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 _____

REAP Cover Crop Job Sheet

Refer to Attachment 8 of the REAP Guidelines for more information

Single-Species: Yr 1 _____ ac. Yr 2 _____ ac Yr 3 _____ ac.

Multi-Species: Yr 1 _____ ac. Yr 2 _____ ac. Yr 3 _____ ac.

**must contain grass and broadleaf species*

Planting Information: (for completed plantings)						
Field(s)	Species	Rate	Planting Date	Drill	Broadcast	Termination Method/date
Additional Notes (if necessary):						
Certification: <i>(subject to spot-check by State Conservation Commission)</i>						
1. _____ acres (total) of cover crops were planted on the locations covered by this job sheet. 2. I certify that no nutrients - manure or fertilizer - have been or will be applied to this cover crop Yes No <i>*answer does not impact the REAP application process</i> 3. I affirm the information provided on 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						
_____ 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:
------	--------------	------	--------------

Example:

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, to the best of my knowledge, 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, to the best of my knowledge, 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

REAP Project Completion Summary

Name: _____

Date: _____

List each completed BMPs below. Use additional sheets if necessary. Use REAP ID if known

[illegible]

Are all invoices/receipt attached?	Yes	No
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Is the signed Engineer Certification attached?	Yes	No

Is documentation of all other public funding attached?	Yes	No