

**CONSERVATION PROGRAM APPLICATION**

<b>Name:</b>	<b>Application Number:</b>
<b>Address:</b>	<b>Application Date:</b>
	<b>County and State:</b>
<b>Telephone:</b>	<b>Watershed:</b>
	<b>Subaccount:</b>
<b>Location (Legal Description, or Farm and Tract Number):</b>	

*(Please note that not all questions apply to all Programs)*

**1. This is an application to participate in the:**

<input type="checkbox"/> <b>Agricultural Management Assistance (AMA)</b>	<input type="checkbox"/> <b>Environmental Quality Incentives Program (EQIP)</b>
<input type="checkbox"/> <b>Conservation Stewardship Program (CSP)</b>	<input type="checkbox"/> <b>Wildlife Habitat Incentives Program (WHIP)</b>
<input type="checkbox"/> <b>Agricultural Water Enhancement Program (AWEP)</b>	<input type="checkbox"/> <b>Chesapeake Bay Watershed Program (CBWP)</b>
<input type="checkbox"/> <b>Farm and Ranch Lands Protection Program (FRPP)</b>	<input type="checkbox"/> <b>Grassland Reserve Program (GRP)</b>
<input type="checkbox"/> <b>Healthy Forests Reserve Program (HFRP)</b>	<input type="checkbox"/> <b>Wetlands Reserve Program (WRP)</b>
<input type="checkbox"/> <b>Emergency Watershed Protection Floodplain Easement (EWP)</b>	

**2.  Yes  No Do you have farm records established with the appropriate USDA Service Center Agency?**

*If no, you must establish them with the appropriate USDA Service Center Agency prior to submitting this application.*

**3. Are you applying to participate in a conservation program as an (check one of the following):**

**Person**

a) Please enter your legal name and tax identification number:

**Name:** \_\_\_\_\_ **Tax Number:** \_\_\_\_\_

**Legal Entity** (Corporation, Limited Partnership, Trust, Estate, etc.)

a) Please enter entity legal name and tax identification number:

**Name:** \_\_\_\_\_ **Tax Number:** \_\_\_\_\_

b)  **Yes**  **No** Do you have appropriate documents including proof to sign for the entity?

**Joint Operation** (General Partnership, Joint Venture)

a) Please enter joint operation legal name and tax identification number:

**Name:** \_\_\_\_\_ **Tax Number:** \_\_\_\_\_

b)  **Yes**  **No** Do you have appropriate documents including proof to sign for the joint operation?

**4. A Dun & Bradstreet Data Universal Numbering System (DUNS) number is necessary for federal grants or contracts to entities equal to or more than \$25,000.** *If you do not have a number information is available at <http://fedgov.dnb.com/webform/displayHomePage.do>*

**DUNS Number:** \_\_\_\_\_

**5. The land offered under this application is (check all that apply):**

- Private Land
- Public Land (Federal, State, or Local Government)
- Tribal, Allotted, Ceded, or Indian Land

**6. Certification of control of the land offered under the application:**

- Deed or other evidence of land ownership  
Years of control are [redacted] through [redacted]
- Written lease agreement  
Years of control are [redacted] through [redacted]
- Other agreement or legal conveyance (describe): [redacted]  
Years of control are [redacted] through [redacted]

**7.  Yes  No Is the land offered under this application enrolled in any other conservation program?**

Program: [redacted]

**8. Are you applying for program benefits as one of the following participant types?**

- Limited Resource Farmer
- Beginning Farmer or Rancher
- Socially Disadvantaged Farmer or Rancher

*If you wish to apply in any of these categories, you must meet the self certification requirements. For more information please go to this website: <http://www.lrftool.sc.egov.usda.gov/>.*

**9. Is the land being offered for enrollment used for crop or livestock production?**

- Crop Production      Crop Type: [redacted]
  - Livestock Production      Livestock Type: [redacted]
- Years of control are [redacted] through [redacted]

**10.  Yes  No If applying for the EQIP, are you engaged in livestock or agricultural production, and have you produced at least \$1000 of agricultural products in a year? (Forest agricultural producers may select yes as they are exempt from the \$1,000 requirement )**

On the farm(s) identified above, the Applicant agrees to participate in the identified program if the offer is accepted by the NRCS. The undersigned person shall hereafter be referred to as the "Participant." The participant understands that starting a practice prior to contract approval causes the practice to be ineligible for program financial assistance. The participant will obtain the landowner's signature on the contract or provide written authorization to install structural practices.

The Participant agrees not to start any financially assisted practice or activity or engage the reimbursable services of a certified Technical Service Provider before a Contract is executed by Commodity Credit Corporation (CCC). The Participant may request, in writing, a waiver of this requirement for financially assisted practices by the NRCS State Conservationist.

All participants that certify eligibility as a Limited Resource Farmer or Rancher or Beginning Farmer or Socially Disadvantaged Farmer or Rancher will provide all records necessary to justify their claim as requested by a NRCS representative. It is the responsibility of the participant to provide accurate data to support all items addressed in this application at the request of NRCS. False certifications are subject to criminal and civil fraud statutes.

The Participant acknowledges that highly erodible land conservation/wetland conservation, adjusted gross income certifications, and member information for entities and joint operations are on file with the appropriate USDA Service Center Agency.

11.  Yes  No I have received a copy of the program appendix where an appendix is applicable.

<b>Applicant Signature</b>	<b>Date</b>
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**Public Burden Statement**

In accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**NONDISCRIMINATION STATEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its program and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of Discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**PRIVACY ACT STATEMENT**

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). This information is used to track contract or agreement progress. The authority for requesting the following information is 7 CFR 630 (Long Term Contracting); 7 CFR 1410 (CRP); 7 CFR 631 and 702 (IEQIP); 7 CFR 636 (WHIP); 7 CFR 622 (WPFPP); 7 CFR 1465 (AMA); 7 CFR 1469 (CSP); 7 CFR 625 (HFR); 7 CFR 1494 (FRPP); and 7 CFR 1467 (WRP). Furnishing information is voluntary and will be confidential; however, it is necessary in order to receive assistance.