Environmental Quality Incentives Program (EQIP)

Fiscal Year (FY) 2009
Kansas Self-Assessment Worksheet - Grazing Lands

Worksheet
Salina, Kansas
November 2008

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1) **Name or Entity:** List all who will be a party to the contract and identify as owner or operator. If owner does not graze land, list individual(s) renting land to graze. If desired, producer may provide copy of FSA-156EZ.

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_____

PHONE NUMBER OF CONTACT (Home)_____(Cell)_____

2) **Location of Application Acres:** Please provide copies of maps with legal descriptions and all fields clearly marked. Locate all existing watering facilities, water supply pipelines, fences, gates, and other relevant features on the map(s).

3) **Benchmark Condition:** Please complete the following information for the offered acres. Answer the following questions:

Type of Animals	Number	Size/Average Weight
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Vegetation

Native Range	Acres _____
Brome	Acres _____
Fescue	Acres _____
Other _____	Acres _____
Other _____	Acres _____

Describe rotation (if any) or season of use:_____

_____

_____

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Please define any areas of invasive species, noxious weeds, or woody infestation on map(s) provided. Species identified:

_____

_____

(circle **Yes** or **No**)

- Are any of your pastures used as winter feeding areas? **Yes No**
  If so, please mark on map(s) provided.
- Do you have an adequate water supply? **Yes No**
- Are watering facilities reliable? **Yes No**
  If no, explain:

_____

_____

- Are you interested in removing livestock from a stream? **Yes No**

4) Program Requirements:

- On native rangeland, producers are required to implement a modified harvest method monitoring system using grazing exclusion cages.
- The unit of concern will be converted to a grazing plan that meets Natural Resources Conservation Service (NRCS) electronic Field Office Technical Guide (eFOTG) standards and specifications during the life of the contract.

5) Eligibility Requirements for EQIP:

- The following forms must be current and on file with the Farm Service Agency (FSA) for all contract participants that would receive financial assistance. Please verify with FSA.
  - Form AD-1026, Highly Erodible Land Conservation and Wetland Conservation Certification
  - Form CCC-501A, Member's Information (for entity and joint operations only)
  - Form CCC-526, Payment Eligibility – Average Adjusted Gross Income Certification
- If applicant is not the landowner, the applicant must also furnish evidence of control of the land for the contract period. *(This may be a written lease or other legal agreement, a letter from the owner indicating the participant will have control of the acres for the life of the contract, or a statement signed and dated by the owner indicating control by the participant for the life of the contract.)* Landowners must sign the contract if the operator cannot provide control of land documentation or if a structural practice will be installed.
- If applicable, a copy of the corporate charter, bylaws, court orders of appointment, trust agreement, last will and testament, or articles of partnership clearly designating who has signature authority for the entity or joint operation.
- If applicable, Form NRCS-CPA-9, Power of Attorney (POA) will be required. A legally developed POA, is also acceptable.
- Prior to contract approval, participants must agree and set contract shares and identify one decision maker (point of contact) for the contract.

6) Contract Incentive Limits:

Beginning with FY 2008 each participant may earn up to $50,000 in total EQIP incentive payments for any ranking category (for example: Water Quality, Soil Quality, Grazing Lands Health). Incentive payments shall not exceed $50,000 per contract or participant.

Do you participate in any of the following program contracts listed below or will you be party to any other current year EQIP applications in Kansas? **Yes** **No**

7) Program Participation:

- ☐ *Conservation Reserve Program*
- ☐ *Conservation Stewardship Program*
- ☐ *Farm and Ranch Lands Protection Program*
- ☐ *Grassland Reserve Program*
- ☐ *Wildlife Habitat Incentives Program*
- ☐ *Wetlands Reserve Program*

If yes, please list the servicing county office and number of active contracts or current year's applications.

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_____

8) Certification:

This Self-Assessment Worksheet must be completed and signed prior to the EQIP application evaluation cutoff date in order for your application to be eligible for EQIP ranking and funding.

I have read and answered all the questions on this worksheet and provided the information requested to the best of my ability.

_____ _____

Signature Date