



Environmental Quality Incentives Program (EQIP)

Fiscal Year (FY) 2008 Kansas Self-Assessment Worksheet - Cropland

Worksheet
Salina, Kansas
September 2007

1) Name or Entity: List all who will be a party to the contract and identify as owner or operator. If desired, producer may provide copy of FSA-156EZ.

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

E-MAIL OF CONTACT _____

2) Location of Application Acres: Please provide copies of maps with legal descriptions and all fields clearly marked.

3) Benchmark Condition: Please complete the following information for the offered acres. (circle **Yes** or **No**)

- Do you apply nutrients according to a current soil test (less than three years old)?
(See Attachment #1 for soil sampling requirements) **Yes No**
- Are ditches, gullies, or other active erosion occurring?
(Mark these areas on the map[s] provided) **Yes No**
- Do you have land sloughing off into streams?
(Mark these areas on the map[s] provided) **Yes No**
- Is streambank erosion occurring?
(Mark these areas on the map[s] provided) **Yes No**
- Do you apply livestock waste? **Yes No**
- Do you now or have you ever owned a no-till drill? **Yes No**
- Have you rented a no-till drill? **Yes No**

If you answer yes to either of the above questions:

How many years owned? _____ rented? _____ No-till acres planted? _____

- What is your planned crop rotation? _____
- **Complete the Cropping Management Inventory Worksheet (Attachment #2).**

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4) **Is the acreage offered for EQIP currently under any other U.S. Department of Agriculture (USDA) conservation program?** If so, check those that apply and note the location and program(s) on the map(s) provided.

- Conservation Reserve Program
- Conservation Security Program
- Farm and Ranch Lands Protection Program
- Grassland Reserve Program
- Wildlife Habitat Incentives Program
- Wetlands Reserve Program

5) **TO MEET 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. (circle Yes or No)

- Form AD-1026, Highly Erodible Land Conservation and Wetland Conservation Certification
On file: **Yes No**
- Form CCC-501A, Member's Information (for entity and joint operations only)
On file: **Yes No N/A**
- Form CCC-526, Payment Eligibility – Average Adjusted Gross Income Certification
On file: **Yes No**

6) **PRIOR TO CONTRACT APPROVAL, THE FOLLOWING WILL BE REQUIRED:**

- 1) Participants must agree and set contract shares and identify one decision maker (point of contact) for the contract.
- 2) 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 a structural practice will be installed.
- 3) 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.
- 4) If applicable, Power of Attorney (POA) will also be required on Form NRCS-CPA-9, POA. A legally developed POA, is also acceptable.

7) **Contract Incentive Limits:**

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

Do you participate in any other EQIP contracts or will you be party to any other current year EQIP applications in Kansas? **Yes No**

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

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

Signature

Date