



Environmental Quality Incentives Program (EQIP)

Worksheet
Salina, Kansas
December 2009

Kansas Self-Assessment Worksheet - Forestland

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) _____

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

3) Program Requirements: The Kansas Forest Service (KFS) will assist you in developing a Forest Stewardship/Management Plan for the proposed acreage. KFS assistance can be requested by contacting your local Natural Resources Conservation Service (NRCS) office.

4) Benchmark Condition: Please complete the following.

Do you have a current Forest Stewardship/management Plan (developed within the last 5 years) on the application acres? **Yes No**

Has livestock grazed the application acres? **Yes No**

Have timber sales occurred from any of the application acres? **Yes No**

My management goals in the application area: (check all that apply)

Wildlife _____ Production (timber) _____ Erosion Control _____

Beautification _____ Other (explain) _____

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-901A, Member's Information (for entity and joint operations only)
 - Form CCC-926, Payment Eligibility – Average Adjusted Gross Income Certification

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- 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 participant will need to furnish 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 applicant is the landowner, the tenant must be given the opportunity to participate if management practices are receiving financial assistance.
- If applicable, Form FSA-211, 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 Management Practice Limits:

Each participant may earn up to \$50,000 in total EQIP management practice payments for any ranking category (for example: Water Quality, Grazing Lands Health, etc.). Management practice payments shall not exceed \$50,000 per contract or participant.

7) Program Participation:

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**

- Conservation Reserve Program*
- Conservation Security 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 U. S. Department of Agriculture county office and number of active contracts or current year's applications.

Have you ever cancelled an EQIP contract or had an EQIP contract terminated? **Yes No**

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 receive additional points in the EQIP ranking.

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

Signature

Date