

**MCCD APPLICATION FORM  
AGRICULTURE CONSERVATION ASSISTANCE PROGRAM (ACAP)**

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**Section 1: Applicant Information**

Farm Name: \_\_\_\_\_

Operation Address: \_\_\_\_\_  
\_\_\_\_\_

**Landowner**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Operator** (if different from Landowner)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Farm Acres: \_\_\_\_\_ Cropland Acres: \_\_\_\_\_ FSA Tract No. \_\_\_\_\_

Type of Operation (livestock, dairy, poultry, crop, etc.): \_\_\_\_\_

Does your operation have a CURRENT AND VERIFIABLE Nutrient/Manure Management Plan? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

If yes, please list date of plan: \_\_\_\_\_

Does your operation have a CURRENT AND VERIFIABLE Ag Erosion & Sediment/Conservation Plan?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list date of plan: \_\_\_\_\_

Does your operation's land contain karst (limestone) geology?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your operation have any Animal Concentration Areas (ACAs)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Is your ACA contributing to a resource concern or have direct connectivity to a water source?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Are any of the following Best Management Practices (BMPs) currently employed on site? (select all that apply)

- \_\_\_\_\_ Barnyard Runoff Control
- \_\_\_\_\_ Forest & Grass Buffer
- \_\_\_\_\_ Pasture Improvements
- \_\_\_\_\_ Stream & Wetland Restoration
- \_\_\_\_\_ Waste Storage Facilities/Mortality Composter

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**Section 2: Financial Information**

Enter the proposed funding and its sources below.

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Amount of ACAP Grant Funds Requested: \_\_\_\_\_

Amount of REAP Funds Anticipated: \_\_\_\_\_

Amount of AgriLink/Commercial Loan or Farmer Financed: \_\_\_\_\_

Amount of Other Funds (please indicate source): \_\_\_\_\_

**TOTAL AMOUNT FOR PROJECT:** \_\_\_\_\_

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**Section 3: Attachment Checklist**

- Project Description
- Project Cost Estimate
- Plan Verification Form
- Plan Maps (including Aerial Imagery and Soils)
- Project Photos Before Construction
- District Cooperator Form, if applicable
- USDA NRCS Authorization for Release of Records, if applicable

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**Section 4: Grantee Signature**

I hereby request ACAP Funding assistance for the operation identified above.

Grantee: \_\_\_\_\_ Date: \_\_\_\_\_

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**Completed applications will be accepted until February 28, 2025 at the Mifflin County Conservation District office located at 20 Windmill Hill Suite #4, Burnham, PA 17009.**

**If you have any questions or need assistance call 717-953-3148.**

**Note: Submission of an application does not guarantee funding. All applications will be ranked by the District. Highest ranking applicants will be contacted for further action.**

**High ranking also does not guarantee funding. Applicants with outside funding source(s) will have to demonstrate that funds will be appropriated within ACAP timelines.**

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**Section 5: Conservation District Use Only**

Date received: \_\_\_\_\_

Accepted by(signature): \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Eligibility Determination Date: \_\_\_\_\_

Determination of eligibility: \_\_\_\_\_ Eligible \_\_\_\_\_ Not Eligible

If not eligible, state reason: \_\_\_\_\_

\_\_\_\_\_

If eligible, amount of funding granted: \_\_\_\_\_

District Board Approval Date: \_\_\_\_\_

Board Signature or Authorized Representative: \_\_\_\_\_

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