



**TIOGA COUNTY  
CONSERVATION DISTRICT**

50 Plaza Lane, Wellsboro, PA 16901  
(570) 724-1801

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## APPLICATION FOR PROJECT FUNDING

Landowner Name:		Operator Name:	
Farm Name:		Type of Operation:	
Landowner Address:		Operator Address:	
Phone Number:		Township:	
Farm Acres:	Crop Acres:	FSA TRACT No.	
Animal Type:		Animal Number:	

What type of project are you interested in (Check all that apply)?

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| <input type="checkbox"/> Conservation Plan<br><input type="checkbox"/> Nutrient Management/Manure Plan<br><input type="checkbox"/> Milkhouse waste system<br><input type="checkbox"/> Watering facility<br><input type="checkbox"/> Limit animal access<br>(stream fencing, crossings, and animal walkways)<br><input type="checkbox"/> Waste storage/Manure stacking<br><input type="checkbox"/> Animal mortality facility on operation<br><input type="checkbox"/> Feed management<br><input type="checkbox"/> Prescribed grazing<br><input type="checkbox"/> Heavy use area protection<br><input type="checkbox"/> Roof run-off structures<br><input type="checkbox"/> Vegetative cover, filter/buffer strips | <input type="checkbox"/> Grassed waterways and diversions<br><input type="checkbox"/> Access Roads<br><input type="checkbox"/> Farming on the contour and stripcropping<br><input type="checkbox"/> Conservation crop rotations<br><input type="checkbox"/> Cover crops<br><input type="checkbox"/> Conservation Tillage/No-till<br><input type="checkbox"/> Residue management<br><input type="checkbox"/> Spring development<br><input type="checkbox"/> Subsurface drainage<br><input type="checkbox"/> Soil Testing/ Manure Testing<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
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*\*Addition comments can be added on other side*

Name(s) of streams on the operation (if no name just state "unnamed tributary")?

If no streams, what is the distance to the nearest waterway?

Would owner/operator at this project location be willing to allow its use as a demonstration site for educational purposes?

**YES**

**NO**

Do you currently have and follow a Manure Management Plan (Nutrient Management Plan if CAFO or CAO)?

**YES**

**NO**

What year was this plan Implemented?

Do you currently have and follow a Conservation Plan? If yes, what year was it implemented?	<b>YES</b>	<b>NO</b>
Will this project directly assist the operator in implementing his/her Manure/Nutrient/Conservation/Odor/Grazing or any other existing Management Plan? If Yes which plan(s)?	<b>YES</b>	<b>NO</b>
If funding is approved for your project are you willing cooperate with the Conservation District to complete project within the designated time restrictions?	<b>YES</b>	<b>NO</b>
Please list other ways the Conservation District could assist you and your operation:		
<p>This is a general application for requesting funding from the Tioga County Conservation District for installation of Best Management Practices. Not all practices have available money at all times. Funding sources may include but are not limited to: ACT 13 funding, grant monies, and other public and private sources. Applications may be ranked and approved and project designs may be completed prior to funding availability. If project is approved and designs are complete this does not secure funding but will make project rank higher in the future when funding may be available. Please fill out this form completely to be eligible for ranking.</p>		
*Additional comments or explanation of funding request:		
Applicant Signature	Date	

**Conservation District Use Only**

Date Recieved: \_\_\_\_\_

Watershed Name: \_\_\_\_\_ Watershed Code: \_\_\_\_\_

Eligibility:     Eligible     Not Eligible

Notes/Comments \_\_\_\_\_

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

Printed Name \_\_\_\_\_ Title \_\_\_\_\_