

**Best Management Practices (BMP) Program
Application for State Technical & Financial Assistance**

Name: _____ Home Address: _____
 Preferred Phone: _____ Name of Farm: _____
 Alternative Phone: _____ Name of Farm Facility & E-911 Address: _____
 Best Time to Contact You: _____
 Email Address: _____ County: _____

Select your farm size as defined by the draft RAPs:

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Non-RAP Operation | <input type="checkbox"/> Small Farm
4+ acres or
generates \$2K+ | <input type="checkbox"/> Certified Small Farm
50+ tilled acres or
90K+ lbs. liveweight | <input type="checkbox"/> Permitted
Medium Farm | <input type="checkbox"/> Permitted
Large Farm |
|--|---|--|---|--|

Farm Operation Type - select all that apply:

- | | # of Animals or Acres | | # of Animals or Acres |
|---|-----------------------|---|-----------------------|
| <input type="checkbox"/> Milkers & Dry Cows | _____ | <input type="checkbox"/> Corn, Hay, Grain | _____ |
| <input type="checkbox"/> Mature Beef | _____ | <input type="checkbox"/> Vegetables / Other Crops | _____ |
| <input type="checkbox"/> Calves - Heifers | _____ | <input type="checkbox"/> Maple, Agroforestry | _____ |
| <input type="checkbox"/> Goats | _____ | <input type="checkbox"/> Creamery, Slaughter | _____ |
| <input type="checkbox"/> Chickens | _____ | <input type="checkbox"/> Other: _____ | _____ |
| <input type="checkbox"/> Horses | _____ | <input type="checkbox"/> Other: _____ | _____ |

Which BMP(s) are you interested in installing to address water quality issues on your farm? Select all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Manure / waste storage | <input type="checkbox"/> Access road for manure storage / stacking |
| <input type="checkbox"/> Waste transfer system | <input type="checkbox"/> Barnyard or heavy use area runoff control |
| <input type="checkbox"/> Waste / wash water storage | <input type="checkbox"/> Clean water diversion (gutters, curtain drain) |
| <input type="checkbox"/> Waste / wash water treatment | <input type="checkbox"/> Laneway development / stream crossing |
| <input type="checkbox"/> Silage or feed leachate treatment | <input type="checkbox"/> Exclusion fencing / livestock watering facility |
| <input type="checkbox"/> Other, describe: _____ | <input type="checkbox"/> Unsure, in need of assistance to determine |

	Yes	No	Unsure
Have you received a water quality enforcement action from the state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you applied for USDA NRCS funding/assistance or have you already received federal cost share for the BMP practice(s) that you are submitting this application for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List other organizations or people you have contacted for assistance (NRCS, UVM, VHCB/VACD, FSA etc.):

Expected construction dates: _____ to _____

Applicant Signature

Date

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Submit completed applications to
AGR.WQBMP@vermont.gov or
 VAAFM BMP Program 116 State Street Montpelier, VT 05620-2901

For questions on application contact:

Jenn LaValley
 Administrative Assistant
jenn.lavalley@vermont.gov
 (802) 828-2431

For payment information contact:

Jeff Cook
 Financial Manager
jeff.cook@vermont.gov
 (802) 828-3474

For general program questions contact:

Rob Achilles, PE
 State Agricultural Engineer
rob.achilles@vermont.gov
 (802) 917-1397

Jessica Buckley, EI
 Agricultural Engineer
jessica.buckley@vermont.gov
 (802) 461-7159

Tyler Gingras, PE
 Agricultural Engineer
tyler.gingras@vermont.gov
 (802) 461-5687

Ben Gabos
 Ag Water Quality Specialist
ben.gabos@vermont.gov
 (802) 461-3814

For more information, visit: <http://agriculture.vermont.gov/water-quality/farmer-assistance/bmp>

----- For Agency Use -----

Agency of Ag Farm Coordinator: _____

Watershed: _____

Is an ortho photo and sketch of the proposed BMP installation site attached? Yes No

Additional notes:

BMP TECHNICAL PRACTICE NAME	TOTAL ESTIMATED COST	% COST SHARE	AMOUNT OF COST SHARING APPROVED

Application Received _____ (date)
 Application Approved _____ (date)
 Application Not Approved _____ (date)