

Application for State Technical & Financial Assistance

BMP/AMM Form (3/24/16)

<p>VT Agency of Agriculture, Food & Markets</p> <p>BEST MANAGEMENT PRACTICE</p> <p>&</p> <p>ALTERNATIVE MANURE MANAGEMENT</p> <p>PROGRAMS</p>	<p><u>Return Application to:</u></p> <p>116 State Street Montpelier, VT 05620-2901</p> <p>(802) 828-1410 fax</p>	<p><u>Engineering Contacts:</u></p> <p>Rob Achilles, P.E. (802) 917-1397 cell</p> <p>Allyson Allen, E.I (802) 522-0857 cell</p> <p>Jessica Buckley E.I. (802) 461-7159</p> <p><u>Payment Contact:</u> Jeff Cook (802) 828-3474 office</p>
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Name and Home Address: _____

House Phone: _____ Cell Phone: _____

Farm Name & E-911 Address of Farm Location (if different): _____

Barn Phone: _____ Best time to contact me: _____

Email Address: _____ Farm Website: _____

Farm Type: Cow dairy Beef Goat Chicken Conventional or Organic
 other: _____

If dairy, list the average annual milk production: _____ pounds / animal / year.

Animal Breed(s)	<i>Number / Weight</i> of All Animals Presently On the Farm			
	Mature (Milkers)	Mature (Dry)	Heifers	Youngstock
	____ / ____ lbs	____ / ____ lbs	____ / ____ lbs	____ / ____ lbs
Bedding Type: <input type="checkbox"/> Sawdust / Shavings <input type="checkbox"/> Sand <input type="checkbox"/> Composted Solids <input type="checkbox"/> Shredded Paper <input type="checkbox"/> Digested Solids <input type="checkbox"/> Other: _____			Volume bedding used / week? _____	

Is your manure Solid or Liquid? Who developed your NMP? _____
 What is the last year that it was updated? _____

Have you already received Federal Cost Share for the BMP practice(s) you are submitting this application for?
 Yes No

What potential resource concerns/ Required Agricultural Practice compliance issues can we try to assist you with?

NOTE: Have you notified your town offices of your intended construction project? You should not need a permit, just a letter to them to inform them of what you are doing.

Expected construction dates: _____ to _____.

List the potential Contractors that you would like to work with here, with their contact numbers:

Applicant Signature

Date

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

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

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