

## **Application for Engineering Technical & Financial Assistance**

Application for design services and funding of Farmstead Best Management Practices (BMP) are due by April 1 for same year consideration

Submission of this application does not guarantee award of a grant or reimbursement. Financial assistance <u>cannot</u> be provided for work that is already completed unless it is associated with an executed USDA NRCS Environmental Quality Incentive Program (EQIP) contract.

| Name:                 |                       |                   | Name of Farm:           |                    |                 |  |
|-----------------------|-----------------------|-------------------|-------------------------|--------------------|-----------------|--|
| Home Address:         |                       |                   | Facility E-911 Address: |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
| Phone Number(s):      |                       |                   | County:                 |                    |                 |  |
| Best Time to Contact  | t You:                |                   |                         |                    |                 |  |
| Select your farm size | e as defined by the   | e Required Agric  | ultural Practices (RA   | APs):              |                 |  |
| □ Non-RAP             | ☐ Small Farm ☐ Certif |                   | fied Small Farm         |                    |                 |  |
| Operation             | 4+ Acres or           | 50+ ti            | lled acres or           | Medium             | Large Farm      |  |
|                       | generates \$2K+       |                   |                         | Farm               |                 |  |
| Describe the water qu | uality concern tha    | t you are applyir | ng for assistance witl  | n:                 |                 |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
| Describe your farm of | operation i.e. lives  | stock, crops, map | ole sugaring, creame    | ry, on farm slaugh | iter, etc.:     |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
| If you have a livesto | ck operation, plea    | se provide the fo | llowing information     | 1:                 |                 |  |
| Livestock Type        | # of Animals          | Avg Weight        | Livestock Type          | # of Animals       | Avg Weight      |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
|                       |                       |                   |                         |                    |                 |  |
| TA711 1 1 1           |                       |                   |                         | l                  |                 |  |
| What material do yo   | u use to bed your     | animals?          |                         |                    |                 |  |
| Volume of bedding t   | used:                 | per               | Manure i                | s:□Solid □Semi     | -Solid 🗆 Liquid |  |
| How many days of r    | nanure storage do     | you currently h   | ave: days               |                    |                 |  |

Continue onto page 2 to complete the application.



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Select the type of assistance you're applying for:

| □ I am applying for NRCS EQIP-Assist. Name of NRCS Planner:  |                            |  |                            |           |  |  |  |  |  |  |  |
|--|----------------------------|--|----------------------------|-----------|--|--|--|--|--|--|--|
| □ I am applying <u>for <b>Technical Assistance</b></u> . Please select all services that apply below:      |                            |  |                            |           |  |  |  |  |  |  |  |
| □ Design services for a<br>Farmstead BMP Project<br>Annual April 1st Deadline                              | □ Engineering consultation | ☐ State enforcement action / regulatory compliance consult | □ State permitting consult | □ State v |  |  |  |  |  |  |  |
| Complete the following section only if a preliminary design and cost estimate are ready to be submitted.   |                            |  |                            |           |  |  |  |  |  |  |  |
| ☐ Applying for <u>Financial Assistance</u> , provide the following information:                            |                            |  |                            |           |  |  |  |  |  |  |  |
| Attach the proposed design and provide a narrative of the project scope below:                             |                            |  |                            |           |  |  |  |  |  |  |  |
|  |                            |  |                            |           |  |  |  |  |  |  |  |
|  |                            |  |                            |           |  |  |  |  |  |  |  |
|  |                            |  |                            |           |  |  |  |  |  |  |  |
|  |                            |  |                            |           |  |  |  |  |  |  |  |
|  |                            |  |                            |           |  |  |  |  |  |  |  |
| Who is providing design assistance on the project?   |                            |  |                            |           |  |  |  |  |  |  |  |
| What is the estimated total cost of the project?   |                            |  |                            |           |  |  |  |  |  |  |  |
| Is the farming operation abl   | □Yes                       | □No  |                            |           |  |  |  |  |  |  |  |
| By signing below, I understand that this application does not guarantee award of a grant or reimbursement. |                            |  |                            |           |  |  |  |  |  |  |  |
| Applican   | t Cianatura                |  |                            | Data      |  |  |  |  |  |  |  |
| Applicant Signature  |                            |  |                            | Date      |  |  |  |  |  |  |  |

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

For questions about applying contact Jenn LaValley:

Phone: (802) 498-5941 Email: jenn.lavalley@vermont.gov

For more information about technical and financial assistance provided by the BMP Program, visit: <a href="http://www.agriculture.vermont.gov/BMP">http://www.agriculture.vermont.gov/BMP</a>