MCCD APPLICATION FORM
AGRICULTURE CONSERVATIONASSISTANCE PROGRAM (ACAP)

Section 1: *Applicant Information*

Farm Name:_____

Operation Address: _____

Landowner

Name: :_____

Phone Number:_____

Mailing Address: _____

Operator (if different from Landowner)

Name: _____

Phone Number:_____

Mailing Address: _____

Operation Information

Type of operation (Livestock, dairy, crop, etc.): _____

Farm Acres: _____ Cropland Acres: _____ FSA Tract No. _____

Is your farm preserved under Farmland Preservation?

_____Yes _____No

Does your operation have a CURRENT AND VERIFIABLE Nutrient/Manure Management Plan?

_____Yes _____No If yes, list date of plan: _____

Does your operation have a CURRENT AND VERIFIABLE Conservation/Ag Erosion & Sediment Control Plan?

_____Yes _____No If yes, list date of plan: _____

Does your operation contain karst (limestone) geology?

_____Yes _____No

Does your operation have any Animal Concentration Areas (ACAs) (e.g. barnyards, exercise lots, feedlots)?

_____Yes _____No

Is your ACA contributing to a resource concern or have direct connectivity to a water source?

_____Yes _____No

Please describe the project(s) proposed for your operation: _____

Do you have current engineered designs or an I&E for this project?

_____Yes _____No

If yes, please list the designer and provide the information listed in Section 3 _____

If no, your application may be considered for technical assistance.

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

_____ Barnyard Runoff Control (e.g. gutters, curbing, surface inlets, underground outlets)

_____ Forest or Grass Buffer

_____ Pasture Improvements (e.g. prescribed or rotational grazing, watering systems)

_____ Stream & Wetland Restoration (e .g. stabilized stream crossings)

_____ Waste Storage Facilities/Mortality Composter

Is your facility adequately sized for enough manure storage? _____ Yes _____No

Are you ready and prepared for your project to be implemented in 2026? _____ Yes _____No

Section 2: *Financial Information*

Enter the proposed funding and its sources below.

Amount of ACAP Grant Funds Requested: _____

Amount of REAP Funds Requested: _____

Amount of AgriLink/Commercial Loan or Farmer Financed: _____

Amount of Other Funds (Please indicate source): _____

TOTAL AMOUNT FOR PROJECT: _____

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: _____

Completed applications will be accepted until October 30, 2026 at the Mifflin County Conservation District office located at 20 Windmill Hill #4, Burnham, PA 17009.

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

Note: Applications for projects that are able to be completed in 2026 will be prioritized.

Note: Submission of an application does not guarantee funding. 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.

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: _____