



**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)?																											
<table border="0"><tr><td>☐ Conservation Plan</td><td>☐ Grassed waterways and diversions</td></tr><tr><td>☐ Nutrient Management/Manure Plan</td><td>☐ Access Roads</td></tr><tr><td>☐ Milkhouse waste system</td><td>☐ Farming on the contour and stripcropping</td></tr><tr><td>☐ Watering facility</td><td>☐ Conservation crop rotations</td></tr><tr><td>☐ Limit animal access (stream fencing, crossings, and animal walkways)</td><td>☐ Cover crops</td></tr><tr><td>☐ Waste storage/Manure stacking</td><td>☐ Conservation Tillage/No-till</td></tr><tr><td>☐ Animal mortality facility on operation</td><td>☐ Residue management</td></tr><tr><td>☐ Feed management</td><td>☐ Spring development</td></tr><tr><td>☐ Prescribed grazing</td><td>☐ Subsurface drainage</td></tr><tr><td>☐ Heavy use area protection</td><td>☐ Soil Testing/ Manure Testing</td></tr><tr><td>☐ Roof run-off structures</td><td>☐ Other _____</td></tr><tr><td>☐ Vegetative cover, filter/buffer strips</td><td>☐ Other _____</td></tr></table>				☐ Conservation Plan	☐ Grassed waterways and diversions	☐ Nutrient Management/Manure Plan	☐ Access Roads	☐ Milkhouse waste system	☐ Farming on the contour and stripcropping	☐ Watering facility	☐ Conservation crop rotations	☐ Limit animal access (stream fencing, crossings, and animal walkways)	☐ Cover crops	☐ Waste storage/Manure stacking	☐ Conservation Tillage/No-till	☐ Animal mortality facility on operation	☐ Residue management	☐ Feed management	☐ Spring development	☐ Prescribed grazing	☐ Subsurface drainage	☐ Heavy use area protection	☐ Soil Testing/ Manure Testing	☐ Roof run-off structures	☐ Other _____	☐ Vegetative cover, filter/buffer strips	☐ Other _____
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<i>*Addition comments can be added on other side</i>																											
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?																											

MORE ON OTHER SIDE OF APPLICATION

Do you currently have and follow a Conservation Plan?	YES	NO
If yes, what year was it implemented?		
Will this project directly assist the operator in implementing his/her Manure/Nutrient/Conservation/Odor/Grazing or any other existing Management Plan?	YES	NO
If Yes which plan(s)?		
If funding is approved for your project are you willing cooperate with the Conservation District to complete project within the designated time restrictions?	YES	NO
Please list other ways the Conservation District could assist you and your operation:		
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.		
*Additional comments or explanation of funding request:		
Applicant Signature	Date	

Conservation District Use Only

Date Received: _____

Watershed Name: _____ Watershed Code: _____

Eligibility: ☐ Eligible ☐ Not Eligible

Notes/Comments _____

Accepted by (signature) _____ Date ____/____/____

Printed Name _____ Title _____