

NO-TILL FARM ADVISOR PROGRAM APPLICATION FORM

(Program Funding Administered through the Capital RC&D Area Council, Inc.)

Program Guidelines
250 acres maximum can be enrolled.
Participant will use continuous no-till on all crops for at least 3 consecutive years.
The planned rotation will be used for at least 3 consecutive years.
A cover crop will always be used following silage corn.
Develop and implement a no-till transition plan that includes 9 Key Components (see planning guidance).
Agree to keep and submit records, per the transition plan.

Section 1 (to be completed by operator)

1. Applicant Name: _____ 2. Acres Offered for enrollment _____
3. Applicant Address: _____
4. Applicant Telephone Number: _____
5. Farm Location/Map: _____
6. Does this farm currently have a conservation plan? Yes / No
7. Does this farm have a nutrient management plan? Yes / No Act-38 approved? Yes / No
8. Percent planting/tillage method: Moldboard Plow _____% Chisel _____% Disk _____% No-Till _____% Other _____%
9. Have you tried no-till in the past? Yes / No
- a. If you answered **yes** and have significant experience are you interested in being part of the Farmer to Farmer Resource to be compensated for working with other producers in your area in making no till a success?
- i. Yes / No

10. Technical Assistance: Development of an initial no-till transition plan by the County Extension Office. This includes mapping, soil testing, manure sampling and crop inputs plan. All the collected data will be organized in a booklet to use as a guide. In addition, soil quality, compaction testing, and equipment observation by technical staff. After the first year, the farmer will be billed by the County Extension office to cover the costs of updating the plan. Updates will include but are not limited to crop inputs, and mapping.

11. Financial Assistance: Available through EQIP. Are you interested in applying for EQIP Funds? Yes No

Note: EQIP provides incentive payments to implement components of the No-Till Transition Plan.

12. Name & Signature of Operator: _____ Date: _____
13. Name of Certified Crop Adviser (if known): _____ Date: _____
- CCA Contact information: _____ CCA#: _____
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Section 2 (to be completed by County team)

- FSA Farm: _____ FSA Tract(s): _____ Acres Offered: _____
- Watershed Code (10 Digit HUC): _____ Is tributary ag-impaired? Yes / No Township: _____
- District Determination - Eligible Not Eligible
- District Signature: _____ Title: _____ Date: _____
- Application Date:** _____ **Initials:** _____

Please fill out application and return to:
Lebanon Ag Center
Norma Wagner
2120 Cornwall Road Suite 1
Lebanon, PA 17042