

Resource Enhancement and Protection Program



APPLICATION

Fiscal Year 2022

(July 1, 2022 – June 30, 2023)

State Conservation Commission
2301 North Cameron Street
Harrisburg, PA 17110

Phone: (717) 705-4032
SCC Main office: (717) 787-8821



SUBMISSION INFORMATION

The Commission will accept FY 2022 REAP application beginning **August 1st, 2022**. Please send applications to the following address:

State Conservation Commission
REAP Tax Credit Program
2301 North Cameron Street
Harrisburg, PA 17110-9408

Applications must be typed or neatly printed. **Emailed applications should be sent to:** jsemke@pa.gov
Faxed applications cannot be accepted.

Applications are accepted on a first-come, first-served basis. Applications will be accepted for projects that are proposed or completed (or mixed) at the time of application. Completed projects are eligible for REAP tax credits for 3 years after completion and certification.

All applications, regardless of the project, must include pp 1-4. Applicant eligibility is determined by answers to the questions on pp 2-3. Applicant eligibility is verified on p4 by a qualified individual. *Please refer to p1 (Sec B.) of the REAP Guidelines for more information regarding applicant eligibility.*
Please note: Section 2A and Section 2B on p4 must be verified by a qualified individual; even if there is no livestock present on the operation.

Please refer to p5 of this application for additional instructions on completing the application.

Please refer to p5 of this application for information regarding BMPs that are eligible for a REAP tax credit of 90% of out-of-pocket costs.

Please refer to p3 (Sec D.) of the REAP Guidelines for more information on sponsorship of REAP projects.

Please refer to pp 4-5 of the REAP Guidelines for information regarding the use of REAP tax credits.

Please refer to Att 1 of the REAP Guidelines for additional information regarding eligible projects.

Important note regarding operation expansions: Projects that include an expansion of an agricultural operation by greater than 25% will be subject to a 50% reduction of REAP-eligible costs. Under-barn manure storages – unless certified by NRCS to be necessary for the treatment of an existing resource concern – are not eligible for REAP tax credits. All REAP applications that include manure storage and/or animal heavy use area protection BMP costs must complete p11 of this application.

Parts of this Application may require the assistance of your local Conservation District, USDA/NRCS office, or a qualified private-sector technical service provider. Some sections require a signature of one of these parties for verification. See Attachment 4 of the Guidelines for a list of organizations who are qualified under the REAP tax credit program to provide verification signatures.

Please remove the cover page and instruction pages before submitting the application.

REMINDERS

Before you submit the REAP Application, make sure you have....

- √ Provided contact name, mailing address, ag operation address, and one Social Security Number and/or EIN number for the applicant. Please note that the tax credit will be awarded to the Social Security Number or EIN number that you submit.
- √ Answered all eligibility questions on pp 2-3.
- √ Your application eligibility verified by a qualified person on p4.
- √ Completed the REAP Project Cost/Funding Summary Table (p6). Please refer to the instructions on p5 before completing p6.
- √ Signed and dated the application on p7.
- √ *For sponsored applications, please ensure that: the sponsor has completed their information on p1; page 7 is signed in the correct areas; you have included the sponsorship addendum page.*

If you are applying for Plans, please provide the following:

- √ For proposed Plans: a cost estimate and a total acreage on p6. Please see below for information regarding the appropriate plan(s) for your operation.
- √ For completed Plans: copies of receipts with date completed, total cost, and acreage data.

If you are applying for Equipment, please provide the following:

- √ For proposed purchases: A cost estimate, price quote, or purchase order.
- √ For completed (delivered) purchases: the corresponding equipment dealer certification form (pp 8, 9, 10) and a copy of the dated sales receipt/invoice.

If you are applying for a constructed BMP project, please provide the following:

- √ For proposed projects: cost estimates, estimated other public funding at time of application (if applicable), estimated project completion date on p6.
- √ For completed projects: copies of all receipts (including any of your own labor), all records of other public funding associated with the project, and appropriate certification data (p13).

If you are applying for a manure storage facility or animal heavy use area, please provide the following:

- √ Roofed Waste Storage/Roofed Animal Concentration Area Evaluation Worksheet (p11).

If you are applying for cover crops, please provide the following:

- √ Cover Crop Worksheet (p12) and receipts for completed plantings. If applying for proposed plantings, estimate future years at the top of p12. When completing p6 (cost summary table), please complete a separate row for each year of plantings. Please refer to Att 6 of the REAP Guidelines for more information regarding planting seed costs.

If you are applying for riparian buffer installation and/or maintenance costs, please provide the following:

- √ Riparian Forest Buffer Maintenance Worksheet (available upon request). The form must be completed for all projects involving a buffer.

REAP Planning Questionnaire

must be completed with all REAP applications for Nutrient Management Plans and/or Manure Management Plans

“My operation generates or utilizes manure. What type of manure plan do I need?”

1. Is your operation a CAO or CAFO?

YES



Your operation needs an approved Act 38 Nutrient Management Plan (NMP).

NO



2. Are you interested in participating in Act 38 as a volunteer (VAO)? VAOs can benefit from the limited legal protections provided by an approved Act 38 NMP.

YES



Your operation needs an approved Act 38 Nutrient Management Plan (NMP).

NO



3. Are you interested in applying for funding from USDA/NRCS to help install ag BMPs?

YES



It could benefit you to have NRCS 590 Standard NMP developed as part of your NRCS Conservation Plan. NRCS 590 Standard Plans are written to Act 38 standards. NRCS Plans must be approved by NRCS. (*see footnote*)

NO



4. Are you interested in the additional crop-year-specific agronomic information that an NMP contains?

YES



It could benefit your operation to have an NMP developed by an Act 38 certified specialist. An NMP written to Act 38 standards will contain more information for your operation than a DEP Manure Management Plan (see below).

NO



A PA DEP Chapter 91 Manure Management Plan (MMP) will meet your needs.

Types of operations best-served by an MMP:

1. Operations with few animals
2. grazing-intensive operations
3. Operations with large acreage available for manure spreading

Footnote: NMPs that do not go through the Act 38 approval process (see questions 3 and 4) do not confer any of the limited legal protections provided by Act 38.



SECTION 1A - APPLICANT INFORMATION

APPLICANT NAME/BUSINESS NAME:

MAILING ADDRESS: TOTAL REAP REQUEST: (sum p6)
street:

city state zip

phone: email:

CONTACT NAME: (if different than applicant name)

The applicant is:
The owner/operator of the property on which the project will be completed
A sponsor of the project*
**For projects where the applicant is a sponsor, a signed written agreement between the sponsor (applicant) and the owner/operator of the property on which the project is located must be completed, attesting that the owner/operator will comply with all the requirements associated with the award of the REAP tax credit, including the obligation to maintain the sponsored BMP(s). A sample agreement is available upon request. Both the sponsor's and the property owner's signature must appear in the appropriate sections of this application (p7 & addendum).*

TAX INFORMATION:
REAP Tax Credits will be issued under the SSN for Individuals or Sole Proprietorship. REAP Tax Credits will be issued under the FEIN for the business or pass-through entity.

SSN:
Federal Employer Identification Number(FEIN): PA Revenue ID:

Please check which type of business entity

| | | | | |
|------------|---------------------|-----------------------------|-------------|--------|
| Individual | LLC | S Corp | Partnership | C Corp |
| Bank | Limited Partnership | Other entity (please list): | | |

Section 1B: OPERATION INFORMATION (if different than Sec 1A)

OPERATOR NAME: Operator SSN or FEIN:

phone: email:

MAILING ADDRESS: street

city state zip

county: township:

OPERATION ADDRESS: (if different than mailing address) street

city state zip

county: township:

Section 1C: GENERAL PROJECT INFORMATION

This application is for projects which include: (check all that apply)
Planning (Conservation Plan, Ag E&S Plan, Nutrient Management Plan, Manure Management Plan)
Best Management Practices (BMPs)
Purchase of Equipment
for constructed BMP projects*:
Yes No Have you **applied** for funding from any other source? (EQIP, CBP, Growing Greener, etc.)
Yes No Are you planning to apply for funding from any other source? (EQIP, CBP, Growing Greener, etc.)

**Answers do not impact the REAP application process and are used solely for record keeping purposes.*

SECTION 2 - REAP Eligibility

Refer to Attachment 2 & 3 of the REAP Guidelines for more information regarding this section.

A. Conservation and Agricultural E&S (Ag E&S) Plans

1. Do you have current and up-to-date **Ag E&S Plans** or **NRCS Conservation Plans** for all acres owned or operated that meet the requirements of DEP regulations found in **Chapter 102.4(a) of the PA Clean Streams Law**? These include:

- Cropland must be treated to eliminate ephemeral or classic gullies
- Cropland must be treated to T (tolerable soil loss) over the crop rotation
- Cropland with less than 25% cover within 100 feet of a body of water must be treated with additional BMPs
- Animal Heavy Use Areas (AHUAs) must be treated to eliminate pollution runoff
- If you do no plowing or tilling, a Prescribed Grazing (528) Plan (where appropriate) or Mushroom Management Plan (where appropriate) meets the requirements of bullets 1-3 above.

Yes If you answered Yes, proceed to Question A.2

No If you answered No, you must include the development of Plans in this application for REAP tax credits on page 6 of this application. Please use the space provided below to list the entity assisting you with Plan development and an estimated date of completion of the Plans.
REAP credits may be awarded for Plans prior to implementation of ACA BMPs.

2. If you answered Yes to Question A.1 above, is your plan fully implemented?

Yes

No If you answered No, list BMPs yet to be completed and an implementation schedule below:

Please do NOT attach a copy of the plan

B. Nutrient/Manure Management Plans

1. Do you have livestock, poultry, or equine on your operation; AND/OR import manure?

Yes If you answered Yes, proceed to **Question B.2**

No If you answered No, proceed to **page 4 (Verification Page)**

2. Is your operation a Concentrated Animal Operation (CAO) or Concentrated Animal Feeding Operation (CAFO)

Yes If you answered Yes, proceed to **Question B.3**

No If you answered No, proceed to **Question B.4**

3. Do you have a current Act 38 Nutrient Management Plan (NMP) for your CAO or CAFO operation?

Yes If you answered Yes, proceed to **Question B.5**

No If you answered No to Question B.3, you must include development of the NMP in this application for REAP tax credits. REAP credits may be awarded for the NMP prior to implementation of ACA BMPs. However, all ACA-related BMPs in the new plan must be fully implemented prior to receiving any other REAP credits.

4. If your operation is not a CAO or CAFO, do you have a Manure Management Plan that meets the requirements of the DEP regulations found in Chapter 91 of the PA Clean Streams Law?

Yes If you answered Yes, specify which plan below, then proceed to **Question B.5**

voluntary Act 38 NMP or NRCS 590 Plan

DEP Manure Management Plan

No If you answered No, you must include the development of Plans in this application for REAP tax credits on p5; **OR** use the space provided below to list the entity assisting you with Plan development and an estimated date of completion of the Plans.

5. If you answered Yes to Question B.3 or B.4, is the Plan fully implemented?

Yes

No If you answered No, list the BMPs yet to be completed and an implementation schedule below:

6. Does this application cover REAP-eligible BMPs necessary to implement the Nutrient/Manure Management/NRCS 590 Plan?

Yes

No

Please do NOT attach a copy of the plans.

C. Animal Concentration Areas

7. Does your operation have any Animal Concentration Areas (ACAs) as defined below?

- Livestock confinement areas other than indoor facilities and true pastures
- Barnyards, feedlots, loafing areas, exercise lots and similar animal confinement areas that will not maintain a growing pasture
- Heavily stocked livestock areas where nutrients are applied by animals in excess of crop removal rates
- Animal congregation areas within pastures that meet the above descriptions, e.g.: supplemental feeding areas, shade and/or watering areas, congested travel areas

Yes

No

8. Does your operation have any untreated ACAs? Use the evaluation below to determine whether you have an untreated ACA (there is a negative impact to surface water and groundwater).

- Does untreated, unfiltered runoff from area enter the surface water?
- Does runoff from the areas present a significant negative impact to groundwater?
- Is the area within 50 feet of a well, spring, or sinkhole?

Yes

No

9. Does this application cover planning costs and/or installation costs for REAP-eligible BMPs to address the ACA?

Yes

No

REAP ELIGIBILITY VERIFICATION PAGE

See Attachment 4 of the Guidelines for information on individuals who are qualified to provide this verification

Verifiers are attesting to the accuracy of the answers in Sec 2.

PLEASE NOTE: Sections 2B and 2C must be verified below by a qualified individual, even if there is no livestock and/or manure handling on the operation.

Sec 2A: Conservation and Agricultural E & S Plans

I affirm that I have reviewed the responses made **by the applicant** in **Section 2A**, and after due diligence and inquiry, I hereby affirm the foregoing to be true and correct to the best of my knowledge. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME: (print)

TITLE:

ORGANIZATION OR BUSINESS:

PHONE:

VERIFICATION SIGNATURE:

DATE:

Sec 2 B & C: Nutrient/Manure Management Plans and Animal Concentration Areas

I affirm that I have reviewed the responses made **by the applicant** in **Section 2B and 2C**, and after due diligence and inquiry, I hereby affirm the foregoing to be true and correct to the best of my knowledge. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

NAME: (print)

TITLE:

ORGANIZATION OR BUSINESS:

PHONE:

VERIFICATION SIGNATURE:

DATE:

Important Additional Information

- | | | | |
|----|---|------------|-----------|
| 1. | Acres operated by the applicant - and therefore covered by the verification signatures above. | | _____ |
| 2. | For constructed BMP projects that do not include other public funding, has the project been included in any reporting to DEP or NRCS? | Yes | No |

Section 3: REAP Project Cost Summary Table - Instructions

Please refer to Attachment 1 of the REAP Guidelines for a list of all REAP-eligible BMPs, equipment, and plans.

Please refer to Attachment 1 of the REAP Guidelines for a list of the units of measurement to use when completing the "Units Installed or Proposed" column on p6.

The following plans and corresponding costs should be entered in the "Planning BMPs" section: Ag E&S Plan, Conservation Plan, Nutrient Management Plan, DEP Manure Management Plan.

The following equipment and corresponding costs should be entered in the "Equipment BMPs" section: No-Till Planters and Drills, Manure Injectors, Precision Nutrient Application components, Cover Crop Equipment

All other BMPs, cover crops, soil health tests - any project not specifically mentioned above - and corresponding costs should be entered in the "All other BMPs" section.

Please enter the total cost of the project in the "Total Cost" column - prior to accounting for elements of the projects that were paid for by other grants/funding sources.

Please answer "yes" or "no" as to whether the specific BMP is treating an ACA-related resource concern. For more information about ACAs and BMPs typically used to treat runoff from ACAs, please refer to questions 7 & 8 on p3 of this application.

In any watershed with an agriculturally impaired TMDL*, the following BMPs are eligible for a REAP tax credit of 90% of out-of-pocket implementation costs:

- ~ Riparian forest buffers that are 50+ ft wide.
- ~ Multi-species cover crop: please see cover crop job sheet (p12) for more information.
Stream crossings and livestock exclusion from streams. BMPs used in conjunction with
- ~ stream crossings and livestock exclusion are also eligible for 90% REAP tax credit (e.g. Animal Trails & Walkways, Fence, and off-stream watering facilities)
- Soil health tests will be reimbursable at 90% when a producer is involved with a partner
- ~ organization's soil health program (e.g. PASA's soil health benchmark study, USDA/NRCS Soil Health Conservation Activity Plan, etc.)
- ~ Cover Crop Roller/Crimpers: please see Attachment 5 of the REAP Guidelines (p18) for more information.

Please answer "yes" or "no" in the checkboxes regarding "TMDL?" if you are applying for REAP tax credits for one of the BMPs listed above.

Please answer "90%" in the "REAP Rate" column if your operation is located in an ag impaired TMDL watershed AND the BMP you are applying for is listed above.

For all BMPs not listed in the TMDL section above, the "REAP Rate" column is completed according to your answers in the preceding checkboxes. You will enter 75% if you answered "yes" to the "ACA?" question. You will enter 50% if you answered "No" to the "ACA?" question. Please note: Manure Storages are not considered ACA treatments.

For proposed projects, please provide an estimate of when the project is scheduled to be complete (or the equipment delivered). An estimated date of completion is not necessary if the project is complete and the application includes all receipts and appropriate engineer certifications.

*Please contact the Conservation District in your County for more information regarding TMDL watersheds

REAP Project Cost Summary Table

Please refer to Attachment 1 of the REAP Guidelines for the complete list of REAP-eligible BMPs. Please attach duplicate pages, if necessary.

| Eligible BMP | Units Installed or Proposed | Total Cost (\$) | Other Public Funds (\$) | Source (NRCS, CBP, Growing Greener, etc.) | Total Cost Minus Other Public Funds(\$) | ACA Treatment? (check one) | | TMDL Watershed (check one) | | REAP Rate | REAP Request (\$) | Complete (C) or Proposed (P) | Proposed Date of Completion |
|----------------------------|-----------------------------|-----------------|-------------------------|---|---|----------------------------|----|----------------------------|----|-----------|-------------------|------------------------------|-----------------------------|
| | | | | | | YES | NO | YES | NO | | | | |
| <i>ex: Ag E&S Plan</i> | 300 ac. | 4000 | 1500 | DEP | 2400 | | | | | 75% | 1800 | C | |
| PLANNING BMPs | | | | | | | | | | | | | |
| | ac. | | | | | | | | | 75% | | | |
| | ac. | | | | | | | | | 75% | | | |
| | ac. | | | | | | | | | 75% | | | |
| EQUIPMENT BMPs | | | | | | | | | | | | | |
| | no. | | | | | | | | | 50% | | | |
| | no. | | | | | | | | | 50% | | | |
| | no. | | | | | | | | | 50% | | | |
| ALL OTHER BMPs | | | | | | ACA? | | TMDL? | | REAP Rate | | | |
| | | | | | | YES | NO | YES | NO | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |

SECTION 4 - Signature Page

Owner/Operator Signature

I affirm the foregoing to be true and correct. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

I affirm that I am authorized to legally bind the company, corporation, partnership or other legal entity whose name appears as the applicant and/or owner/operator (for projects involving a sponsor).

I hereby give permission for the State Conservation Commission, its staff and/or its agents to review my Conservation Plan, Ag E&S plan and/or my Nutrient/Manure Management Plan, and all relevant records pertaining to these plans, as required as part of the application review process.

I understand that any project receiving REAP credits is subject to on-site inspection by SCC staff and/or a representative of the SCC.

I agree to permit the State Conservation Commission, its staff and/or its agents to conduct site visits of the project location and to monitor the project for the lifespan of the project.

I understand that if a BMP is not maintained and properly managed for the required lifespan, as defined by the REAP Guidelines, I will be required to return the full amount of the tax credit originally granted for the BMP. I understand that if I provide prior written notification to the Commission that I am unable to maintain the BMP due to the sale of the property, cessation of an agricultural operation, or other factors, the Commission may direct the Department to prorate the amount of tax credit that shall be returned. I understand these provisions apply to any violations of the of the REAP Program Guidelines.

I understand and acknowledge that approved REAP applications are a "public record" under the Pennsylvania Right-To-Know Law (65 P.S. §§ 66.1 *et seq.* , as amended).

Print Name(s) of Project Owner/Operator

Printed Title or Affiliation to a Business (if applicable):

Project Owner/Operator Signature

Date

For Projects Involving a Sponsor

I hereby affirm that I am authorized to legally bind the company, corporation, partnership or other legal entity whose name appears as the applicant and sponsor.

I hereby affirm that there is a signed written agreement certifying that the project owner/operator will comply with all of the requirements associated with the award of the REAP tax credit. I hereby affirm that there is a signed written agreement between the sponsor and the owner/operator of the project regarding financial details of the sponsorship. I make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Print Name(s) of Sponsor

Sponsor Signature

Date

Owner/Operator Signature

Date

If this application is prepared by someone other than the applicant, please provide the following:

NAME: _____

ORGANIZATION: _____

PHONE: _____ EMAIL: _____



REAP No-Till Equipment Purchase Certification

For more information, refer to REAP Guidelines Att 5

Dealer Certification

I certify that the no-till planting equipment described below is sold under the following conditions:

1. The equipment is capable of placing seeds at the optimum depth for germination and growth in untilled soil with crop residue cover.
2. The purchase agreement includes field setup by a qualified representative of the dealership.
3. For used equipment, all wear items meet or exceed manufacturer's guidelines for replacement parts.
4. I have no conflict of interest as defined by the REAP Guidelines.

Note: Used equipment sold privately must also be certified by a dealer representative or other persons approved by the Commission.

| | | |
|------------------------------------|-----|--------------|
| | for | |
| Dealer Representative Printed Name | | Company Name |
| | | |
| Dealer Representative Signature | | Phone Number |

Equipment Information

| | |
|--|---|
| Equipment Make, Model and Year: | |
| Planter | Drill |
| Serial Number: | Check if serial number is not yet available |
| The equipment is: | Purchase Price: \$ |
| <input type="checkbox"/> New <input type="checkbox"/> Used | |
| Check here if equipment has already been delivered. Date of Delivery/Expected Delivery: | |

Applicant Certification

I certify that the no-till equipment described above will be:

1. Utilized in untilled soil consistent with the provisions of a current Conservation/Ag E&S plan.
2. Maintained for the designated lifespan of the equipment, which is 7 years for new equipment and 3 years for used equipment.
3. Utilized on an agricultural operation that is identified in this application.

* I understand that REAP-eligible cost will be capped at \$300,000 per planter/drill.

* I agree to allow inspections by the State Conservation Commission, its staff, or agents thereof to ensure that my operation is maintaining the equipment for its REAP lifespan; and is utilizing the equipment as intended by the Commission.

* I agree to provide to the SCC the information requested below concerning my operation.

* I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Please provide the following:

| | | | |
|---|--|--|-------|
| Number of acres planted no-till on my operation annually: | | | acres |
| Number of acres of cover crops planted annually: | | | acres |
| Acres that receive automated precision application of nutrients annually: | | | acres |

| | | |
|----------------|-----------|------|
| | | |
| Applicant Name | Signature | date |



REAP Precision Nutrient Application Equipment Certification

For more information, refer to REAP Guidelines Att 5

Dealer Certification

I certify that the precision application equipment described below is sold under the following conditions:

1. The equipment is capable of applying nutrient at variable rates based on automatic data input from maps or optical sensors.
2. The purchased components are necessary for variable rate spreading of nutrients.
3. The purchase agreement includes setup by a qualified representative of the dealership.
4. I have no conflict of interest as defined by the REAP Guidelines.

Equipment Information

Equipment Make, Model:

Serial Number(if applicable):

Please note: Only the precision ag **components** are eligible for REAP tax credits. Check all that apply:

- | | |
|---------------------------------|--|
| displays, monitors, controllers | variable rate drives, hydraulic motors |
| GPS | metering devices |
| section/swath control | nozzle controls |

| | | | |
|-------------------|------------------------------|-------------------------------|---------------------------------|
| The equipment is: | <input type="checkbox"/> New | <input type="checkbox"/> Used | Purchase Price (components): \$ |
|-------------------|------------------------------|-------------------------------|---------------------------------|

If possible, please itemize receipt

| | | |
|------------------------------------|-----|--------------|
| Dealer Representative Printed Name | for | Company Name |
|------------------------------------|-----|--------------|

| | | |
|---------------------------------|--------------|------|
| Dealer Representative Signature | Phone Number | Date |
|---------------------------------|--------------|------|

Note: Used equipment sold privately must also be certified by a dealer representative or other persons approved by the Commission.

Applicant Certification

I certify that the precision fertilizer application equipment described above will be:

1. Utilized to apply nutrients at variable rates across crop fields in accordance with data input from maps or optical sensors.
2. Maintained for the designated lifespan of the equipment, which is 3 years.
3. Utilized on an agricultural operation that is identified in this application.

* I understand that REAP-eligible costs will be capped at \$60,000 per purchase. I understand that components on manure spreaders and spinner-type granular fertilizer carts are not eligible for REAP tax credits.

* I understand that costs for subscription services are eligible only in the initial year of the purchase of REAP eligible precision nutrient application equipment and are limited to 1 year in duration.

* I agree to allow inspections by the State Conservation Commission, its staff, or agents thereof to ensure that my operation is maintaining the equipment for its REAP lifespan; and is utilizing the equipment as intended by the Commission.

* I agree to provide to the SCC the information requested below concerning my operation.

* I affirm the information on this form to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Please provide the following information:

| | | |
|---|-------|-------|
| Number of acres planted no-till on my operation annually: | _____ | acres |
| Number of acres of cover crops planted annually: | _____ | acres |
| Acres that receive automated precision application of nutrients annually: | _____ | acres |

| | | |
|----------------|---------------------|------|
| Applicant Name | Applicant Signature | date |
|----------------|---------------------|------|



Manure Injection Equipment Certification

For more information, refer to REAP Guidelines Att 5

Dealer Certification

I certify that the low-disturbance manure injection equipment described below meets the standards set forth in Attachment 6 of the REAP Guidelines and is sold under the following conditions:

1. The equipment is in good working order and is capable of injecting manure at a shallow depth with minimal soil disturbance.
2. The equipment is capable of injecting manure at a max depth of approximately 4 inches.
3. *For used equipment:* The equipment meets or exceeds the standards set forth above.
4. I have no conflict of interest as defined by the REAP Guidelines.

Note: Used equipment sold privately must also be certified by a dealer representative or other persons approved by the Commission.

| | | |
|---------------------------------|-----|--------------|
| Dealer Representative (print) | for | Company Name |
| Dealer Representative Signature | | Phone Number |

Equipment Information

| | |
|---|---|
| Equipment Make, Model and Year: | |
| Serial Number: | Check if serial number is not yet available |
| The equipment is is: <input type="checkbox"/> New <input type="checkbox"/> Used | Purchase Price: \$ |
| Order Date: | Expected Delivery Date: |
| Check here if equipment has already been delivered. Date of Delivery: | |

Applicant Certification

I certify that the equipment described above will be:

1. Utilized in a manner consistent with the provisions of a current Conservation/Ag E&S Plan and Nutrient/Manure Management Plan.
2. Adjusted to leave a minimum of 60% of crop residue on the surface.
3. Not altered in any way that increases soil disturbance beyond the original design of the equipment.
4. Maintained by the applicant for the designated lifespan of the equipment - 7 years for new equipment and 3 years for used equipment.
5. Utilized by the applicant on an agricultural operation that is identified in this application.

I agree to allow inspections by the State Conservation Commission, its staff, or agents thereof to ensure that my operation is utilizing this equipment for low disturbance manure incorporation. I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 PA.C.S.A §4904, relating to unsworn falsification to authorities.

Number of acres of manure injection on my operation annually: _____ **acres**

Applicant Name (print)

Applicant Signature

Date



REAP Waste Storage Facility and Animal Heavy Use Area Worksheet

For more information, refer to REAP Guidelines Att 1

Waste Storage Facility BMP

ANIMAL TYPE: _____

ANIMAL AEUs: _____
Current (prior to construction of BMP) Proposed (if BMP is part of an operation expansion)

- | | | | |
|----|--|-----|----|
| 1. | Is the Waste Storage Facility BMP listed in your current Ag E&S Plan necessary to resolve an existing resource concern? | YES | NO |
| 2. | Is the Waste Storage Facility roofed? | YES | NO |
| 3. | Is the Waste Storage Facility under-barn? | YES | NO |
| 4. | If you answered "YES" to q.3, has a USDA/NRCS technician determined that the under-barn manure storage is necessary to resolve an existing resource concern? | YES | NO |

Additional notes:

NRCS Technician Certification *(only necessary for under-barn manure storage)*

I certify that USDA/NRCS has determined that the under-barn manure storage referenced above is necessary to adequately treat an existing resource concern on the agricultural operation listed in this REAP application.

| | |
|------------------------------|----------------|
| _____ Name (printed) | _____ Title |
| _____ County | |
| _____ USDA/NRCS Signature | _____ Date |

Animal Heavy Use Area Protection BMP (HUAP)

ANIMAL TYPE: _____

ANIMAL AEUs: _____
Current (prior to construction of BMP) Proposed (if BMP is part of an operation expansion)

- | | | | |
|----|---|-----|----|
| 1. | Is the HUAP roofed? | YES | NO |
| 2. | Is the HUAP BMP listed in your current Ag E&S Plan necessary to resolve an existing resource concern. | YES | NO |

Applicant Certification

I certify that I understand the following:

1. A roofed BMP under the REAP Tax Credit Program may only be used for its intended purpose as defined by the Commission. It may not be converted to any other use for the entire REAP lifespan (10 years) of the BMP.
2. REAP-eligible costs may be reduced for expansions over 25%.
3. Under-barn waste storages are not eligible for REAP tax credits unless certified by NRCS as necessary to adequately address existing resource concerns

I have read and understand the information on this worksheet. I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 P.A.C.S.A §4904, relating to unsworn falsification to authorities.

| | | |
|-------------------------|--------------------|---------------|
| _____ Applicant Name | _____ Signature | _____ Date |
|-------------------------|--------------------|---------------|



REAP Cover Crop Worksheet

For more information, refer to REAP Guidelines Att 6

| | |
|--|--|
| 1 | To qualify as a multi-species cover crop, the seed mix must consist of grass species plus a minimum of 2 broadleaf species; in which the seeding rate of the grass species does not exceed 1.5 bu/ac. |
| 2 | REAP - eligible costs for planting are capped at \$25/ac. |
| 3 | REAP - eligible costs for seed grown on the applicant's operation are capped at \$12/bu. |
| 4 | Crops harvested for grain are not eligible for REAP tax credits. |
| <p>Single-Species: Yr 1 _____ ac. Yr 2 _____ ac. Yr 3 _____ ac.</p> <p>Multi-Species: Yr 1 _____ ac. Yr 2 _____ ac. Yr 3 _____ ac.</p> | |

Planting Information: (for proposed plantings, provide estimates in the space below for the first year only)

| Acres planted | Species | Seeding Rate | Planting Date | Termination Method/date (estimated) |
|---------------|---------|--------------|---------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional Notes (if necessary):

Applicant Certification: (subject to spot-check by State Conservation Commission)

1. _____ acres (total) of cover crops were planted on the locations covered by this job sheet.
2. Was manure spread (or; Is it planned to be spread) on this cover crop?
 Yes
 No
Please note: Answer does not impact the REAP application process.
3. I affirm the information provided on this form is true and correct, and make these statements subject to the penalties of 18 PA.C.S.A 4904, relating to unsworn falsification to authorities

Signature _____ Date _____



REAP Project Completion Certification for BMPs

| | |
|-----------------|---------------------------|
| APPLICANT NAME: | REAP ID #(if applicable): |
|-----------------|---------------------------|

Completion: List approved eligible BMP(s) certified as complete for the REAP Program:

For reporting purposes, for each BMP Certified, estimate approximate "units" of measure. (i.e. linear, square, cubic feet, acres of BMPs installed, etc.)

| BMP: | Number/Unit: | BMP: | Number/Unit: |
|------|--------------|------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

List additional BMPs, if necessary, on a separate sheet.

Certification: Complete the appropriate certification below:

Project Designer/Engineer Certification of BMPs

I certify that, to the best of my knowledge, the BMP(s) listed above have been installed to meet the requirements of REAP program guidelines, and that the project design meets or exceeds the design standards and specifications of the "Pennsylvania Technical Guide." I certify that I have the appropriate job approval authority from NRCS to certify this project.

| | |
|----------------|--------------------|
| Name (printed) | Title/Organization |
| Signature | Date |

~OR~

Registered Professional Engineer Certification

I certify that, to the best of my knowledge, the BMP(s) listed above have been installed to meet the requirements of REAP program guidelines, and that the project design meets or exceeds the design standards and specifications of the "Pennsylvania Technical Guide."

| | |
|--------------------|--|
| Name (printed) | <div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div> <p>Registered Professional Engineer's Seal</p> |
| Title/Organization | |
| Signature | |
| Date | |

