

AGRICULTURAL PLANNING REIMBURSEMENT PROGRAM PLAN REIMBURSEMENT REQUEST FORM

1. General Information			
Landowner/Operator:	Planner Name & Company:		
Mailing Address: _____ _____ _____	Farm Address (if different from Mailing Address): _____ _____ _____		
County:			
Telephone Number:	Land Acreage:		
2. Expenditures			
Please indicate for which plan(s) reimbursement is requested:	DATE DEVELOPED	FUNDS REQUESTED BY LANDOWNER *see instructions below	FUNDS GRANTED BY COORDINATOR *see instructions below
<input type="checkbox"/> Manure Management Plan OR <input type="checkbox"/> Nutrient Management Plan		\$0.00	<div style="text-align: right;">≤50 acres: <input style="width: 50px;" type="text"/></div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: right;">Additional \$10 per acre >50 acres: <input style="width: 50px;" type="text"/></div>
<input type="checkbox"/> Ag E&S Plan		\$0.00	<div style="text-align: right;">≤50 acres: <input style="width: 50px;" type="text"/></div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: right;">Additional \$10 per acre >50 acres: <input style="width: 50px;" type="text"/></div>
TOTAL		\$0.00	(Maximum \$1500 per plan): <input style="width: 50px;" type="text"/>
3. Agreement			
The information provided on this form is true and correct to the best of my knowledge.			
Signed: _____ Date: _____			
Landowner/Operator			
4. *For Coordinator Use Only*			
The information provided on this form is true and correct to the best of my knowledge. The plans submitted for reimbursement have been reviewed and meet administrative completeness requirements.			
Signed: _____ Date: _____			
Coordinator			

Plans developed after January 1, 2017 are eligible for reimbursement.

Please see back for instructions.

Purpose

To document requests for reimbursement of planning expense(s).

Completed by: Landowner/Operator

To report the funding granted.

Completed by: Coordinator

Distribution

Original and one copy.

Original is delivered to the Coordinator. Copy is retained for landowner/operator record.



AGRICULTURAL PLANNING REIMBURSEMENT PROGRAM PLAN REIMBURSEMENT REQUEST INSTRUCTIONS

Section 1: General Information

Landowner/Operator: Print or type name of legal landowner or operator.

Mailing Address: Enter mailing address of landowner residence or office headquarters. Street, box number, city/town, state, and five or nine-digit zip code.

Farm Address: Enter the address of the farm if the farm address is different from the mailing address or enter the FSA tract #.

County: Indicate in which county the operation is located.

Planner Name & Company: Enter the first and last name of the planner and company name contracted to design the plan(s).

Telephone Number: Enter area code and seven-digit number of landowner/operator.

Land Acreage: Enter the total acreage of the land.

Section 2: Expenditures

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">2. Expenditures</th> </tr> <tr> <td>Please indicate for which plan(s) reimbursement is requested:</td> </tr> <tr> <td> <input type="checkbox"/> Manure Management Plan OR <input type="checkbox"/> Nutrient Management Plan </td> </tr> <tr> <td> <input type="checkbox"/> Ag E&S Plan </td> </tr> <tr> <td>TOTAL</td> </tr> </table>	2. Expenditures	Please indicate for which plan(s) reimbursement is requested:	<input type="checkbox"/> Manure Management Plan OR <input type="checkbox"/> Nutrient Management Plan	<input type="checkbox"/> Ag E&S Plan	TOTAL	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Landowner/operator selects the plan(s) for which they are requesting reimbursement. At least one plan should be selected. </div> <div style="border: 1px solid black; padding: 5px;"> Either one of these two plans may be selected, or neither plan may need to be selected. </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">DATE DEVELOPED</th> </tr> <tr> <td style="text-align: center;"> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="text-align: center;"> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="text-align: center;"> <input style="width: 100%;" type="text"/> </td> </tr> </table>	DATE DEVELOPED	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Enter the date(s) that the corresponding plan(s) was developed. </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">FUNDS REQUESTED BY LANDOWNER</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	FUNDS REQUESTED BY LANDOWNER	\$0.00	\$0.00	\$0.00	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Total cost invoiced per plan. Enter the number of dollars needed to develop the corresponding plan(s). </div> <div style="border: 1px solid black; padding: 5px;"> Total costs invoiced. Enter the total number of dollars needed to develop the selected plan(s). </div>
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