



Cost Share Program Application

Applicant Information

Applicant Name/Organization: _____

Landowner: _____ Operator: _____

Project Location: _____ Mailing Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Primary Land Type (Agriculture, Urban, Non-Urban, etc.): _____

Project Information

Project Summary: Summarize the purpose and design of your project. Briefly explain how your project will address resource concerns to protect Lebanon's local waterways. Please attach a plan map or aerial map with location of proposed project.

Proposed Projects/Best Management Practices (BMPs):

- | | |
|---|--|
| <input type="checkbox"/> Manure Storage Facility | <input type="checkbox"/> Barnyard Runoff Control |
| <input type="checkbox"/> Pasture & Grazing Management | <input type="checkbox"/> Mortality Composter |
| <input type="checkbox"/> Stream Restoration | <input type="checkbox"/> Forest/Grass Buffers |
| <input type="checkbox"/> Streambank Stabilization | <input type="checkbox"/> Tree Planting |
| <input type="checkbox"/> Other: _____ | |

Please check all criteria that have been acquired/completed: *If Applicable*

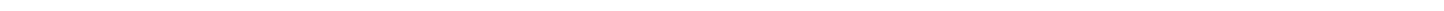
- | | |
|---|---|
| <input type="checkbox"/> Conservation Plan | <input type="checkbox"/> Cost Estimates |
| <input type="checkbox"/> Ag E&S Plan | <input type="checkbox"/> Contractors Acquired |
| <input type="checkbox"/> Nutrient Management Plan | <input type="checkbox"/> Engineered Designs |
| <input type="checkbox"/> Manure Management Plan | <input type="checkbox"/> Permits Acquired |
| <input type="checkbox"/> Inventory & Evaluation | |

Desired Project Completion Date:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> 0-6 Months | <input type="checkbox"/> 12-18 Months |
| <input type="checkbox"/> 6-12 Months | <input type="checkbox"/> 18+ Months |

Project Proximity to Surface Water? (stream, lake, pond or river)

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Within 100' | <input type="checkbox"/> Within 300' | <input type="checkbox"/> Within 500' |
| <input type="checkbox"/> Within 200' | <input type="checkbox"/> Within 400' | |



Funding Information

Total Project Cost Estimate: \$_____ Cost Share Amount Requested: \$_____ Applicant Match Amount: \$_____

Do you plan on using REAP, AgriLink, or other funds to help fund the project? Yes No

Have you received cost-share from a State or Federal program to construct BMPs in the last 10 years? Yes No

If yes, please list the program(s): _____

Additional Resources

[Eligible ACAP BMPs](#)

[Lebanon Countywide Action Plan](#)

[Lebanon Clean Water Action Team Website](#)

[NRCS Customer Record Request](#)

Applicant Signature

I hereby request funding assistance from Lebanon County Conservation District for the project identified above and understand that acceptance of this application does not guarantee funding for the project.

Applicant Name: _____ Applicant Signature: _____ Date: _____

Landowner Name: _____ Landowner Signature: _____ Date: _____
(If different than Applicant)

Submit Applications To:

Lebanon County Conservation District
2120 Cornwall Road, Suite 5
Lebanon, PA 17042

**Direct questions or emailed applications to Maranda Smith, Ag Project Coordinator: 717-277-527 ext.117
maranda.smith@lccd.org**

LCCD Use Only

Date Application Received: _____

Employee Project Lead Initials: _____

Animal Types/Numbers: _____ (only animals associated with project; not total animals of operation)

Addressing existing manure or soil resource concern(s)? All Some None

Scanned to operator folder? Yes No