

Resource Enhancement and Protection Program



APPLICATION

Fiscal Year 2023

(July 1, 2023 – June 30, 2024)

State Conservation Commission
2301 North Cameron Street
Harrisburg, PA 17110

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



REAP APPLICATION INSTRUCTIONS

2023-24

The Commission will accept FY 2023 REAP applications beginning **August 7th, 2023**. 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

Applications will be 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. Proposed purchases of equipment must be completed by **June 30, 2024**. Projects involving the implementation of structural BMPs must be on-schedule to be completed by **June 30, 2025** to be eligible. Applicants may apply for proposed cover crop planting through **June 30, 2026**.

Tax credits are awarded upon completion of the project. The applicant must provide to the Commission paid receipts for the project and project certification information from a qualified individual. All projects must meet the design and certification standards established by the Commission (See Attachment 1 of the REAP Guidelines).

The Commission will process all applications within 60 days of receipt of a complete application; and will notify the applicant, in writing, if the application meets the requirements for an eligible project.

Please refer to p3 of the REAP Guidelines for more information regarding sponsorship of REAP projects.

2023-24 REAP Application

Section 1: Applicant contact information, tax information, and agricultural operation location information is provided in Sec 1 (p1) of this application.

Section 2: Applicant eligibility is determined in Sec 2 (pp2-4). Applicant eligibility must be verified on p4 by a qualified individual. **Please note:** Both sections of p4 must be verified by a qualified individual even if there is no livestock present on the operation.

Section 3: Project information is provided in Sec 3 (pp5-14).

Please refer to p5 of this application for further instructions on completing Sec 3.

Supporting information found in the 2023-24 REAP Guidelines

*Please refer to p1 of the REAP Guidelines for more information regarding applicant eligibility.
Please refer to pp 4-5 the REAP Guidelines for information regarding the use of REAP tax credits.
Please refer to Attachment 1 of the REAP Guidelines for more information regarding eligible projects.
Please refer to Attachment 4 of the REAP Guidelines for more information regarding who is qualified under the REAP tax credit program to provide eligibility verification signatures.*

Parts of this application may require the assistance of your local Conservation District, USDA/NRCS office, or a qualified private-sector technical service provider.

REMINDERS

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

- √ Provided accurate tax identification information. Please note that the tax credit will be awarded to the Social Security Number (SSN) or EIN number that you submit. Sole Proprietorships must provide an SSN. Business entities that are organized as an LLC must provide an SSN along with the business EIN.
- √ Answered **all** eligibility questions on pp 2-3.
- √ Both sections of p4 are signed by a qualified person.
- √ Completed the REAP Project Cost/Funding Summary Table (pp5-6)
- √ 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; you have included the sponsorship addendum page (14).*

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

- √ For proposed Plans: a cost estimate and a total acreage on p6.
- √ 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; or dealer 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. No certification form is required for cover crop equipment.

If you are applying for a Manure Storage Facility, Animal Heavy Use Area Protection, Animal Mortality Facility, or Composting Facility please provide the following:

- √ Storage Facility & Animal Heavy Use Area Protection Worksheet (p11).

Important note regarding operation expansions: Projects that include an expansion of an agricultural operation by greater than 25% may 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.

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, please provide estimates for future years at the top of p12. Please refer to Att 3 of the REAP Guidelines for more information regarding planting and seed costs.

If you are applying for a any other 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).



SECTION 1A - APPLICANT INFORMATION

APPLICANT NAME/BUSINESS NAME:

MAILING ADDRESS: street:	TOTAL REAP REQUEST: (sum p6)
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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 involving 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 corporate entity. Single-member LLC entities must provide a FEIN and SSN.

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

Please check which type of business entity

Individual	S Corp	LLC	Bank	Limited Partnership
Partnership	C Corp	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 **PA** 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)
 Purchase of Equipment
 Other Best Management Practices (BMPs)

for constructed BMP projects*:
 Yes No Did you receive public funding from any other source? (EQIP, ACAP, Growing Greener, etc.)
 Yes No Are you planning to apply for funding from any other source?

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

SECTION 2 - REAP Eligibility

Section 2 must be completed by the owner/operator of the project.

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 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** If you

No 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?

* A livestock confinement area outside of housing facilities; including (but not limited to) barnyards, feedlots, loafing areas, exercise lots, or other similar animal confinement areas; that will not maintain a growing crop. Also included are significant heavy-use areas in a pasture system; such as cattle access ways, feeding areas, watering areas, and shade areas.

Yes

No

8. Does your operation have any untreated ACAs?

If necessary, use the evaluation below to help determine whether you have an untreated ACA. **Please note:** This is not a definitive list of resource concerns for an untreated ACA. Please consult a qualified individual at your County Conservation District, NRCS, or Commission staff for a complete evaluation of your ACAs.

* Is the area larger than 500sq ft?

* Does untreated, unfiltered runoff from the 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 costs for REAP-eligible BMPs to address the ACA?

Yes

No

The Commission reserves the right to determine the status of ACA issues on the owner/operator's ag operation.

REAP ELIGIBILITY VERIFICATION

For more information, refer to REAP Guidelines Att 4

Verifiers are attesting to the accuracy of the answers to the questions 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.

PLEASE NOTE: The Important Additional Information section at the bottom of this page must be completed by the person verifying the applicant's REAP eligibility.

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. Total number of acres OPERATED* by the applicant - and therefore covered by the verification signatures above. _____ acres

2. **For non-PA residents**, total number of acres of the agricultural operation in PA - and therefore covered by the verification signatures above. _____ acres

*Reminder: The applicant's answers to the questions on pp 2-3 pertain to the entire operation (owned and rented).

Section 3: 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 BMPs should be entered in the "Planning BMPs" section: Ag E&S Plan, Conservation Plan, Nutrient Management Plan, DEP Manure Management Plan, Soil Health Tests, Variable rate nutrient application plans.

The following BMPs 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 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 written 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 complete cover crop job sheet (p12).
- ~ Cover Crop Roller/Crimpers: please see Attachment 2 of the REAP Guidelines for more information.
- ~ Stream crossings and livestock exclusion from streams; and BMPs used in conjunction with stream crossings and livestock exclusion (e.g. Animal Trails & Walkways, Fence, and off-stream watering facilities)
- ~ Soil health tests and Variable rate nutrient application plans.

Please enter "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.

*Please contact your County's Conservation District for more information regarding TMDL watersheds.

For all BMPs not listed in the TMDL section above, the "REAP Rate" column is completed according to your answers in the preceding checkboxes. Enter 75% if you answered "yes" to the "ACA?" question. 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.

Section 3: 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	Total Cost Minus Other Public Funds(\$)	ACA Treatment? (check one)		REAP Rate	REAP Request (\$)	Complete (C) or Proposed (P)	Proposed Date of Completion
						YES	NO				
<i>ex: Ag E&S Plan</i>	300 ac.	4000	1500	NRCS	2400			75%	1800	P	10/1/2021
PLANNING BMPs											
	ac.							75%			
	ac.							75%			
	ac.							75%			
EQUIPMENT BMPs											
	no.										
	no.										
	no.										
ALL OTHER BMPs						ACA?		REAP Rate			
						YES	NO				
TOTAL											

SECTION 4 - Signature Page

Owner/Operator Signature

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

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

I understand that if a BMP is not properly maintained and managed for the required lifespan, as defined by the REAP Guidelines, I will be required to return the full amount of the tax credit 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).

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 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 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.

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 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 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 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 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.

Print Name(s) of Sponsor

Sponsor Signature

Date

Owner/Operator Signature

Date



REAP No-Till Equipment Certification

For more information, refer to REAP Guidelines Att 2

Dealer Certification

I certify that the no-till planting equipment described below meets 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 wear replacement parts.
4. I have no conflict of interest as defined by the REAP Guidelines.
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.

Dealer Representative Printed Name

for

Company Name

Dealer Representative Signature

Phone Number

Equipment Information

Equipment Make, Model and Year:

Planter Drill Upgrade Kit

Serial Number: _____ Check if serial number is not yet available

The equipment is: New* Used Purchase Price: \$ _____

 *demo equipment is considered "new" Delivery Date/Expected Delivery Date: _____

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 Ag E&S plan.
2. Maintained for the designated lifespan of the equipment (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 costs will be capped at \$300,000 per planter/drill. I understand that REAP-eligible costs will be capped at \$50,000 per planter/drill for non-PA residents.
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:

Acres planted no-till annually: _____ acres

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 2****

Dealer Certification

I certify that the precision application equipment described below meets the following conditions:

1. The equipment is capable of applying nutrient at variable rates based on automatic data input from maps or optical sensors; and the components are necessary for variable rate nutrient application.
2. For used equipment, all wear items meet or exceed manufacturer's guidelines for wear replacement parts.
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.

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.

Dealer Representative Printed Name	for	Company Name
Dealer Representative Signature	Phone Number	Date

Equipment Information

Equipment Make, Model:	
Serial Number(if applicable):	
<i>***Please note: Only the precision ag components are eligible for REAP tax credits. Check all that apply.***</i>	
Displays, Monitors, Controllers	Variable rate drives, Hydraulic motors
GPS	Precision Spray Nozzles
Section/Swath Control	Upgrade Kits
The equipment is: <input type="checkbox"/> New <input type="checkbox"/> Used	Purchase Price (components):

Applicant Certification

I certify that the 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 by the owner/operator 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:

Acres planted no-till annually:	_____ acres
Acres of cover crops planted annually:	_____ acres
Acres that receive automated precision application of nutrients annually:	_____ acres

Applicant Name	Applicant Signature	date
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REAP Manure Injection Equipment Certification

For more information, refer to REAP Guidelines Att 2

Dealer Certification

I certify that the manure injection equipment described below meets the following conditions:

1. The equipment is in good working order and is capable of injecting manure at a shallow depth (approx. 4") with minimal soil disturbance.
2. The purchase agreement includes field setup by a qualified representative of the dealership.
3. For used equipment, all wear items meet or exceed the manufacturer's guidelines for wear replacement parts.
4. I have no conflict of interest as defined by the REAP Guidelines.

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.

_____ for _____
 Dealer Representative (print) Company Name

_____ Phone Number
 Dealer Representative Signature

Equipment Information

Equipment Make, Model and Year: _____

Serial Number: _____ Check if serial number is not yet available

The equipment is: <table style="display: inline-table; margin-left: 20px;"> <tr> <td style="padding: 0 10px;">New*</td> <td style="padding: 0 10px;">Used</td> </tr> <tr> <td colspan="2" style="font-size: small;">*demo equipment is considered "new"</td> </tr> </table>	New*	Used	*demo equipment is considered "new"		Purchase Price: \$ _____ Delivery Date/Expected Delivery Date: _____
New*	Used				
*demo equipment is considered "new"					

Applicant Certification

I certify that the equipment described above will be:

1. Utilized in a manner consistent with the provisions of a current 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 owner/operator for the designated lifespan of the equipment - 7 years for new equipment and 3 years for used equipment.
5. Utilized 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 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.

Acres of manure injection on my operation annually: _____ acres

 Applicant Name (print)

_____ Date
 Applicant Signature



REAP Storage Facility & Animal Heavy Use Area Protection Worksheet

Waste Storage Facility, 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 BMP listed in your current Ag E&S Plan or Nutrient/Manure Management Plan - as necessary to resolve an existing resource concern? | YES | NO |
| 2. Is the BMP part of a new animal facility?
Please note: Facilities built within 1 year of a new animal facility are considered to be part of the new animal facility. | YES | NO |
| 3. Is the BMP roofed? | YES | NO |
| 4. Is the Waste Storage Facility under-barn? | YES | NO |
| 5. If you answered "YES" to q.4, has a USDA/NRCS technician determined that the under-barn manure storage is necessary to resolve an existing resource concern? | YES | NO |
| 6. Is the HUAP associated with storage of livestock feed/silage? | 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 Mortality Facility, Compost Facility

ANIMAL TYPE*: _____

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

COMPOST TYPE: _____ SOURCE: _____

- | | | |
|---|-----|----|
| 1. Is the BMP listed in your current Ag E&S Plan or manure plan necessary to resolve an existing resource concern. | YES | NO |
| 2. Is the BMP part of a new animal facility?
Please note: Facilities built within 1 year of a new animal facility are considered to be part of the new animal facility. | YES | NO |
| 3. Is the structure roofed? | YES | NO |

Applicant Certification

I certify 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 PA.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 3****

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; and the seed mix includes a minimum of 5lbs/ac of the broadleaf species.**
2. REAP-eligible costs for single-species cover crop is capped at \$50/ac. REAP-eligible costs for multi-species cover crop is capped at \$80/ac.
 - a. REAP-eligible costs for planting are capped at \$25/ac.
 - b. REAP-eligible costs for seed grown on the applicant's operation are capped at \$12/bu.
3. Crops harvested for grain are not eligible for REAP tax credits.

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

Single-Species: Yr 1 _____ ac. Yr 2 _____ ac. Yr 3 _____ ac.

Multi-Species: Yr 1 _____ ac. Yr 2 _____ ac. Yr 3 _____ ac.

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)

I certify the following:

1. _____ acres (total) of cover crops were planted on the locations covered by this job sheet.
2. No other public funds were received for the cover crop plantings listed on this worksheet; or included in the attached receipts (submitted upon completion of planting).

I agree to allow inspections by the State Conservation Commission, its staff, or agents thereof to verify that the cover crops planted by the REAP applicant meet the definition and intent for the BMP as set forth in the REAP Guidelines.

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

I affirm the information submitted in the receipts/invoices (submitted upon completion of planting) 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):
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BMP(s) certified as complete for the REAP Program:

There is no need to complete this form if certification for the BMPs is provided by another funding program. Please include copies of those certification forms in your REAP application.

Please provide appropriate units of measure for each BMP installed. (e.g. ft, sq ft, cu ft, acres, etc.)

BMP	Units installed	BMP	Units installed

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

Complete the appropriate certification below:

BMP Completion Certification

I certify that, to the best of my knowledge, the BMP(s) listed above have been installed to meet the requirements of the REAP Program Guidelines, and that the project design meets or exceeds the design standards and specifications of the NRCS Field Office 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 the REAP Program Guidelines; and that the project design meets or exceeds the design standards and specifications of the NRCS Field Office Technical Guide.

Name (printed)

Title/Organization

Signature

Date



Registered Professional Engineer's Seal



REAP Sponsorship Addendum Agreement

Owner/Operator Certification

By signing below, I certify the following:

1. To the best of my knowledge, the BMP project meets the eligibility requirements set forth in the REAP Guidelines.
2. To the best of my knowledge, my operation meets the eligibility requirements set forth in the REAP Guidelines.
3. I understand that _____, acting as a sponsor for this project through the PA REAP Program, is eligible to receive PA REAP tax credits upon completion of the BMP project.
4. I understand that I, the owner/operator, am solely responsible to comply with all the provisions of the PA Resource Enhancement and Protection Tax Credit Program and that I am considered the "property owner" for purposes of compliance with those provisions as set forth in section 1703-E of the REAP statute (72 P.S. § 8703-E).
5. I understand that I, the owner/operator, am solely responsible for maintenance of the project for the entire REAP lifespan of the BMP.
6. I understand that I, the owner/operator, am ineligible to receive PA REAP tax credits for costs associated with the implementation of the same project.
7. An agreement exists between the sponsor and the owner/operator regarding financial reimbursement for the REAP tax credits (e.g. the sponsor pays invoices directly or the sponsor reimburses the owner/operator).
8. I understand that all projects authorized through the PA REAP Program may be subject to inspection by the Commission.

Owner/Operator Name

Signature

date

Sponsor Certification

By signing below, I certify the following:

1. To the best of my knowledge, I understand that I, acting as a sponsor for this project through the PA REAP Program, meet the definition of an "eligible applicant" set forth in section 1702-E of the REAP statute; and am eligible to receive PA REAP tax credits upon completion of the BMP project.
2. An agreement exists between the sponsor and the owner/operator regarding financial reimbursement for the REAP tax credits (e.g. the sponsor pays invoices directly or the sponsor reimburses the owner/operator).
3. I understand the amounts reserved for the uncompleted (proposed) project are estimates; and the final amount awarded will be based on the invoices and receipts submitted upon completion of the project.
4. I understand that the owner/operator of the BMP project is solely responsible for maintenance of the project for the entire REAP lifespan of the BMP.
5. I understand that all projects authorized through the PA REAP Program may be subject to inspection by the Commission.

Sponsor Name

Signature

date