

FY 18 Chesapeake Bay Program Heavy Use Area Protection Application

Applicant Information

Name: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Application Date: _____

Farm Information

Conservation District: _____

County: _____

Farm Name: _____

Farm #: _____

Tract #: _____

Field # or #'s: _____

Best Management Practice

Please complete the following information for the Best Management Practice you would like to apply for:

| BMP | Limits | Cost-Share Rate | Amount applied for |
|---------------------------|---|--|--------------------|
| Heavy Use Area Protection | Use of gravel and fabric only. No concrete | Flat rate of \$1.32/sq. foot Maximum per producer \$1,000 | _____ Sq. Ft. |

Program Eligibility

A. Definition

The stabilization of areas frequently and intensively used by animals and/or vehicles by surfacing with suitable materials. The base shall be either gravel, crushed stone and geotextile to provide the site with a need for increased load bearing strength, drainage, separation of material and soil reinforcement.

B. Purpose

Reduce soil erosion. Improve water quantity and quality, aesthetics and livestock health. Can be used for the following: Livestock watering areas, livestock trail and walkways, loading and unloading areas, and post-harvest processing areas.

C. Policies for Practice

1. Applicant must be a District Cooperator.
2. A W-9 tax form will be required with application for District tax purposes.
3. Tract and Field map needs provided of proposed area.
4. Cost share is available to owner or lessee.
5. Signup period will be **July 10th, 2017 through September 1st, 2017**
6. Applicant must provide map identifying tract and field where the proposed installation will be.
7. Approvals will be final on first Wednesday of September.
8. Application approvals will be made based upon availability of funds and based on the AEP Heavy Use Protection Area ranking form.
9. Invoices must be submitted by **May 31, 2017**.

D. Payment rates & limits:

1. The maximum cost-share for this practice shall be at a flat rate of \$1.32 per sq. ft.
2. Maximum of \$1,000 per applicant.
3. The payment will be made after paid invoices are received and an AEP representative has made a site visit.
4. No duplication of federal or state cost-share shall be allowed.

E. Practice Specifications

1. NRCS standards and design specifications must be followed.
2. After approval applicant must follow job sheets provided at the time of signing the contract.
3. Life span of this practice is a minimum of 10 years.

By signing this I have read, understand, and agree to the terms and conditions stated in this document.

Farm Name (if applicable): _____

Applicants Signature: _____ Date: _____

Revised: June 15, 2017

OFFICE USE ONLY:

| | |
|----------------------------|--|
| Date Received: | |
| Time Received: | |
| Ranking Score: | |
| If Approved: | |
| District Bd Date Approved: | |
| Contract Expiration Date: | |
| Application #: | |
| Verification #: | |



FY 18 Agricultural Enhancement Program Heavy Use Area Protection Ranking Form

Applicant Information

| | | | |
|----------------|--|-----------------|-----------------|
| Name: | | Farm #: | Tract #: |
| County: | | Field #: | |

Application Eligibility

| | | | |
|---|-----|----|--|
| Did application meet all of the required questions on the FY 18 Application Eligibility Form? If Yes, please proceed to questions below. If no, Stop. | Yes | No | |
|---|-----|----|--|

General Ranking Questions

| (To be completed by staff based on application and supplemental information) | | Yes | No | Points |
|--|--|-----|----|-------------|
| 1. | Does a current conservation plan and/or nutrient management plan completed by a certified planner or trained technician exist for the land/practice being requested? | | | Y=5 N=0 |
| 2. | Does a forest stewardship plan exist for the land/practice being requested? (within last 10 years) If yes, was the plan completed by a registered forester? | | | Y=3 N=0 |
| 3. | Is the land enrolled in the USDA Farm and Ranch Lands Protection Program? | | | Y=2 N=0 |
| 4. | Is there an NRCS comprehensive nutrient management plan completed by a certified planner? | | | Y=5 N=0 |
| 5. | Is the field and/or practice in the USDA-NRCS Focused Conservation Approach Area? | | | Y=0 N=10 |
| 6. | Is cooperator a first time or previous non-funded applicant of the Ag Enhancement Program? | | | Y=20 N=0 |
| 7. | If a non-first time applicant, did the cooperator successfully complete all AgEP contracts within the past 24 months? | | | Y=10 N=0 |
| Total General Ranking Score: | | | | |

Heavy Use Protection Area Ranking Questions

| (To be completed by staff based on the provided Evaluation Tool) | | Yes | No | Points | Evaluation Tool |
|--|--|-----|----|-------------|---|
| 1. | Does the area have unfiltered flow (bare ground) into waterbodies? | | | Y=20 N=0 | Observation |
| 2. | Will livestock use area? | | | Y=20 N=0 | Observation/ Ask cooperator |
| 3. | Will equipment use area for travel? | | | Y=10 N=0 | Observation |
| 4. | Will area be used for a cleanout pad at a poultry operation? | | | Y=20 N=0 | Potomac Valley ONLY |
| 5. | Will practice improve water quality by reducing sediment, nutrients entering non-impaired water body? | | | Y=10 N=0 | DEP 303(d) list/map |
| 6. | Will practice improve water quality by reducing sediment, nutrients entering impaired water body? | | | Y=20 N=0 | DEP 303(d) list/map |
| 7. | Is slope greater than 2 and less than 10? | | | Y=20 N=0 | Observation |
| 8. | Soil compaction questions (select which is most prominent) | | | | PCSI – Erosion Score |
| | Excessive livestock traffic kill plants over wide areas. | | | 1=10 | Y= assign points based on scale N=0 |
| | Livestock trails common throughout. Off trail hoof prints common. | | | 2=8 | |
| | Surface runoff increased due to plant cover loss/soil compaction by livestock hooves. | | | 3=5 | |
| | Scattered signs of livestock trails and hoof prints, confined to lanes or small wet area | | | 4=2 | |
| | Not affected by livestock traffic | | | 5=0 | |
| 9. | Is the area actively eroding? | | | | PCSI – Erosion Score |
| | Sheet and rill erosion is active throughout pasture; rills 3-8 in. deep at close intervals and/or grazing terracettes are close-spaces with some slope slippage. | | | 1=10 | Y= assign points based on scale N=0 |
| | Most sheet and rill erosion confined to steepest terrain of unit; well defined rills 0.5-3 in. deep at close intervals and/or grazing terracettes present. | | | 2=8 | |
| | Most sheet and rill erosion confined to heavy use areas, especially in loafing areas and water sites; rills 0.5-3 in. deep | | | 3=5 | |
| | No current formation of rills; some evidence of past rill formation, but are grassed. | | | 4=2 | |
| | No evidence of current or past formation of sheet flow or rills. | | | 5=0 | |

Total Heavy Use Protection Area Ranking Score:

Total General Ranking Score + Heavy Use Protection Area Ranking Score:

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> | |
| | 5 Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|--|---|--|
| Social security number | | | | | | | | | |
| | | | | - | | | | - | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

| | | |
|--------------|-------------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|--------------|-------------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.